

THE Public Health Nurse

JANUARY, 1920

Record Forms for Rural and Small Town Nurses

BY KATHERINE M. OLMSTED, R. N.

The Duties of Supervisors

By JANET M. GEISTER, R. N.

Health Hazards of Pottery Workers

BY ZOE LA FORGE

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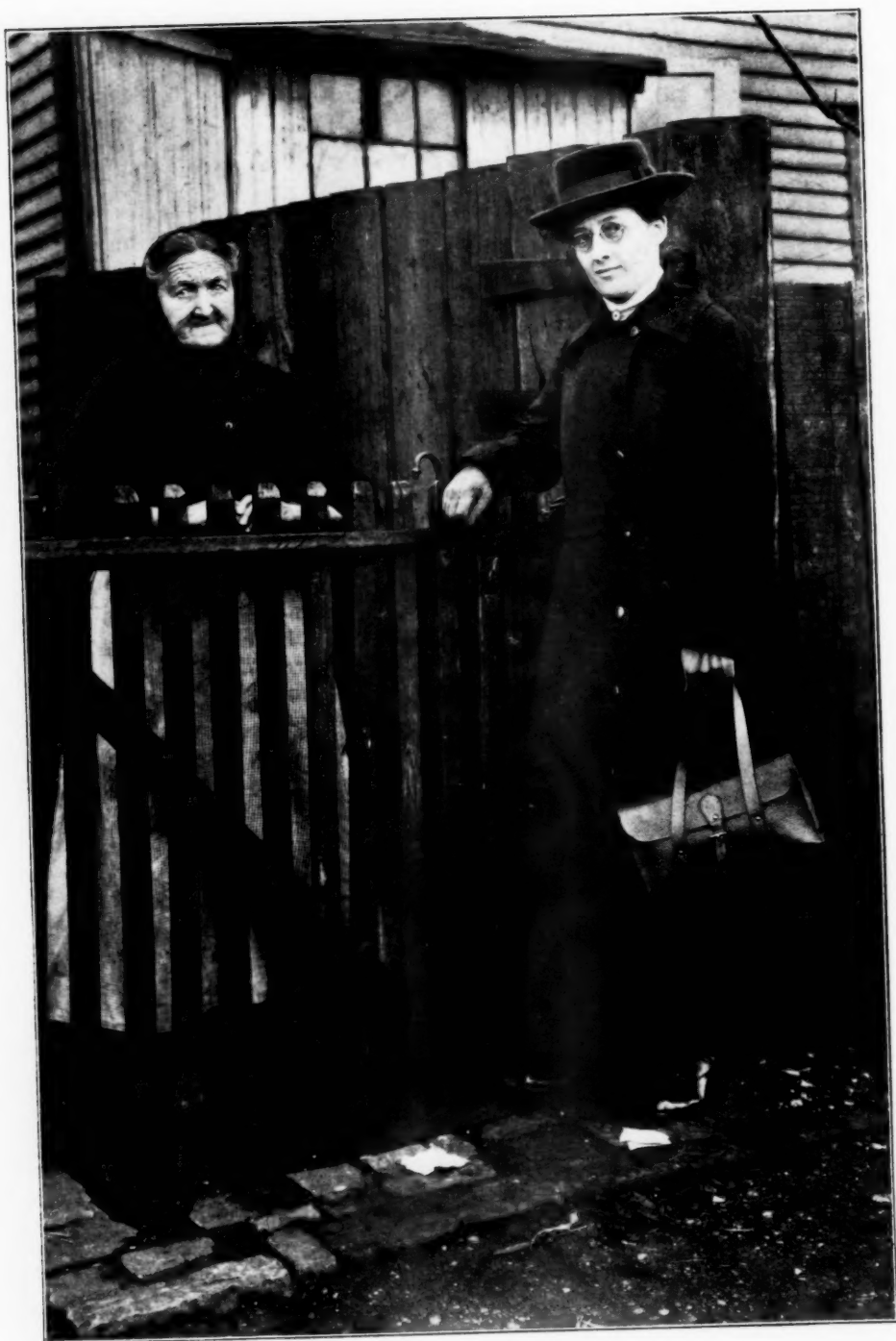


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A PUBLIC HEALTH NURSE

THE PUBLIC HEALTH NURSE

VOL. XII

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No. 1



EDITORIAL

The Call To Go Forward

WITH this issue of THE PUBLIC HEALTH NURSE we open a new year and a new volume. At such a time it is well to pause a moment to take a look backward over the past, and then to peer forward into the promise of the future; for the present can only achieve its best and most complete results if we study it in the light of past history and in its relation to the opening vista of the future.

We have been passing, and are still passing, through a difficult period. Old landmarks have been torn down and the new landmarks are as yet uncertain—we have faith that their uprising will be the sign of the rectification of many evils and injustices and point the way to a more direct road and one less beset with difficulties and dangers; but in proportion as we

hope for lasting and beneficial results must we expect the process of their achievement to be slow and painful.

It has many times been said during the upheaval from which we are hardly yet emerging, that the times and conditions under which we are living are without parallel in history; but though in one sense this may be true, it does not require very deep historical study to discover that similar convulsions have, in age after age, shaken the world. The same causes are repeatedly seen bringing about the same results with almost monotonous frequency. It would seem that the lesson impressed, often through deepest suffering and distress, on one age must needs be taught over and over again to many succeeding generations in turn, before it begins at length to result in an appreciation that

knowledge and experience, however dearly bought, can have no true value except in so far as they become the springs of enlightened action. Through the study of past successes, and perhaps still more of past failures, therefore, we may hope to learn much that may serve us in good stead in the present and may help to hasten the realization of our brightest hopes of the future.

Looking back over the field of public health as we have known it during the last few years, we are aware of the impetus which has been given to national consciousness of the value of health as a prime factor in the prosperity and welfare of the people, by the very failures and disasters which have been made apparent by the results of our carelessness and want of foresight in the past. This fact is strongly felt in the field of Public Health Nursing and we see it reflected in the pages of our magazine. In the earlier volumes we find the articles dealing mainly with the efforts of individual, unrelated associations, and largely of a specialized character, whereas, in 1918 and 1919 we find the consideration of health as a national, state and community problem assuming a position of definite importance, and more and more the interest of *all* the people in a matter which concerns the nation as a whole, as well as every one of us as an individual, becomes apparent. We see the U. S. Public Health Service as the leader in a broad

public health program which touches all classes of the community; we hear the Federal Children's Bureau sounding a call to arms against the evils which threaten the life and health of our children; we find the Red Cross founding its peace time program on a basis of public health; we see the National Federation of Women's Clubs creating a Committee on Public Health Nursing in its department of public health, with the Executive Secretary of the National Organization for Public Health Nursing acting as its chairman; and we find scholarships offered and every effort strained to prepare more women to respond to the ever increasingly insistent demands for more, and more competent Public Health Nurses.

Figures published by the Surgeon-General show that in 1917 there occurred 400,000 less deaths than would have occurred had the 1900 death rate prevailed; that the death rate for typhoid fever, which was 33.8 per 100,000 population in 1900, had been cut down in 1917 to 13.4; that the death rate from diphtheria was reduced during the same period from 35.4 to 16.5; and that the death rate from tuberculosis declined from 190.5 deaths per 100,000 to 146.4. From these three diseases alone 91,740 lives have been saved. With such achievements behind, surely we can have the courage to press forward with hope and courage!

We have come to know something of the tremendous driving power of an enlightened public opinion; and in this general awakening to conditions there is wonderfully bright promise for future accomplishment, if this national strength can be harnessed behind a firm and united leadership. Already the U. S. Public Health Service has sent out a call for a nation-wide health conservation movement in 1920, to be consummated through coöperative effort on the part of national, state and local health agencies; and thus we begin the new year knowing that many difficulties confront us, but knowing also that there is a power and a will to overcome them.

To return again from the general outlook to that of our own magazine, we already feel something of the urge and pull of the steadily increasing strength of this forward movement. The change from a quarterly to a monthly issue which took place in the middle of 1918 marked a new energy, an opening out to meet new demands; and these demands are constantly increasing. One important feature of our new volume comes to birth in this number, with the opening of a special department of Red Cross Public Health Nursing, under the editorship of Miss Elizabeth G. Fox; and the letter from Miss Fox which states the reasons for this step shows very clearly the added strength and unity which the new department may bring.

The opening of a Far Western Office of the National Organization for Public Health Nursing, which Miss Janet M. Geister is just undertaking, will give us a closer contact with the needs and opinions of this part of the country; just as the opening of the Western Office last year, under Miss Olmsted, has given us a broader view and a better understanding of the problems of the Middle West and South.

These are only two glimpses of the future which lies before us, but they suggest many others. The outlook for *THE PUBLIC HEALTH NURSE*, also, is bright with promise.

Through all the centuries, the hard lesson taught to the Israelites of old through their forty years of wandering in the wilderness has lost nothing of the eternal application of the truth which it impressed—that there is a direct road leading to the Land of Promise, if only we have the faith and courage to face its difficulties without flinching; yet, because few even of those who have actually seen the promised good have the steadfastness to go forward, we must often achieve through long and tedious processes what might have been accomplished through one act of faith and determination on the part of all the people. We of this generation may enter, if we will, into the inheritance which has been bought by many sufferings and wanderings in the wilderness of ignorance and carelessness; it is for us to decide

whether we will press boldly forward to claim the fruits of these bitter experiences, or turn aside and leave to another generation the enjoyment of those good things which only our want of faith and courage can withhold from us.

A Service Center for Seamen

WE wish to call the attention of our readers to an article which appears in this issue, entitled "Seamen's Service Center of the Port of New York." This paper describes a notable undertaking on the part of the U. S. Public Health Service and one that should have far-reaching results.

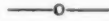
"It would seem almost incredible," says Miss Doyle, in describing this undertaking as the consummation of a suggestion made by Dr. Heber Smith in 1872, "that it has required fifty years of education to prove the need of social service for seamen." Efforts have been made, of course, by various agencies to bring to these men help of one kind and another; but this represents the first serious attempt to meet their needs through an official, centralized and well-planned system, able to place them in touch with whatever assistance they may require, medical or social.

We have come to realize recently, as perhaps never before, our dependence upon our merchant seamen for many of the first necessities of life. Shortage of food and other articles which we have always been accustomed to accept as

the necessary attributes of every day existence, without regarding whence they came or by whose agency we found them constantly supplied, has called our attention to something of the debt which we owe to the men whose life is spent at sea, save for the brief intervals between voyages which, under present conditions, are almost of necessity passed under the influence of the most unfortunate surroundings.

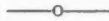
There is another aspect, however, from which the matter must also be viewed. These merchant seamen pass from nation to nation, from port to port, and from the point of view of preventive health measures it has already been recognized as a matter of international interest that their health should be guarded in the best possible way and that they should be able to secure whatever medical aid they may require. When we pause to consider the figures given in Miss Doyle's article, "fully 4,000 seamen of the mercantile marine touch at the port of New York every day"—we realize the magnitude of the problem and the importance of the step which has been taken by the U. S. Public Health Service. Once more it becomes clear that no one group can be omitted from the benefits provided by an enlightened public interest without injury to the whole social fabric—that a policy of selfishness and neglect must always react upon those who permit it, as

well as on those who suffer from it. The U. S. Public Health Service, which has been the guardian of the health of our sailors of the Merchant Marine since 1798, is to be congratulated upon this important extension of service, which it is hoped to make available at various seaports throughout the United States, and at many foreign ports.



Notice To Subscribers

THE PUBLIC HEALTH NURSE is issued on the 10th day of each month. All changes of address should be received at 2157 Euclid Avenue, Cleveland, Ohio, by the 25th day of the *preceding* month. For example, changes to take effect with the February issue must be received by January 25th; changes sent in after that date will not become effective until the March issue.



Owing to the difficulties in regard to the paper situation it was necessary to print our November and December issues on glossy paper instead of the rough surface paper used during the rest of the year. We have, however a few copies printed on the regular style of paper, which we shall be glad to supply, on request, to those who have their PUBLIC HEALTH NURSE bound, in order that such bound copies may be uniform. Requests for these copies should be sent to the Editorial Office, 2157 Euclid Avenue, Cleveland, Ohio.

The Duties of Supervisors

BY JANET M. GEISTER

*Far-Western Secretary, National Organization for Public Health Nursing;
Formerly with U. S. Children's Bureau*

The Triple Responsibilities

THE most successful supervisor of Public Health Nurses is the one who gives a well rounded service. She has a very definite responsibility toward the patients—the community—the nurses. It is not difficult for her to develop along only one or two of these lines, while the other is only lightly touched upon. This tends toward a one-sided development that cannot help but be costly to at least one phase of the work. It is sometimes difficult for supervisors to remember that they are the field officers, paid not only to represent the association, but the patients and nurses as well. The broader the supervisor's outlook, the more unbiased and representative will her judgment tend to be.

Responsibility to the Family

The supervisor's first concern is the welfare of the families that are being visited. Are they receiving the kind of care the community that is supporting the work desires them to have? Are all available resources put at their disposal? Are they receiving the thought, consideration and planning that is necessary in order that they may develop self-help—

that they may learn the lessons of health—that further illness may be prevented?

Responsibility to Community and Association

The supervisor's responsibility to the association and the community is no less definite. No one in the organization has a better opportunity than the supervisor to learn if the money and energy that are being invested in public health nursing are bringing satisfactory returns. She is a field executive—a scout—who observes at first hand the work in the field. She has the opportunity to study the work of the individual nurse. She brings about closer coöperation with other agencies—she searches out new fields. The progress of the work is based very largely on her reports to her superior officers.

Responsibility to Nurses

Her responsibility towards the nursing staff bears very directly on the success of all the work that is being done. Unless the nursing work is brought to the point of the highest effectiveness the supervisor is failing in her obligation to the patients, the board and the community. Therefore, while the supervisor is primarily interested

in the welfare of the community in promoting the cause of good health, she can best serve her purpose by developing a strong, capable nursing staff.

Duties of Supervisor

The highest type of supervision is that which develops the initiative and imagination of the individual nurse. No field of woman's work requires more personality than that of the Public Health Nurse. Some types of supervision serve to stunt and suppress these qualities—to turn a nurse from a thinking, aspiring being into an unquestioning, clock-like automaton. The personality of the worker is indelibly stamped on the returns from her field. The supervision that develops and guides aright the personality and individuality of the nurse is the supervision that renders the best possible service to the patient. The nurse who is encouraged to *think* about the families—to study their needs—to make herself more capable of meeting her responsibilities—is the nurse who is bound to make her work a success.

Encouraging Initiative

The wise supervisor in studying her staff does not deaden youthful enthusiasm that might be embarrassing or even dangerous, but she directs this energy into the right channels. She does not demand blind obedience when new orders are issued, instead she recognizes the womanhood of her associates

and explains carefully the need and value of the new order. Just as the nurse who is successful in the field explains the "why" of her lessons to her patients, so does the supervisor explain the "why" of every new step of her staff. This gives the nurse an intelligent idea of what is being attempted, and the usual response from the nurses is whole-hearted and immediate.

Democratic Discussion

The supervisor who is too arrogant or indifferent to discuss fully with her staff all subjects with which they should be acquainted is usually the supervisor who complains because of the lack of coöperation of the nurses. This does not mean the discussion of the intimate things that are sacred to the main office; it means the discussion of all things that are pertinent to the nurse's work—the things she has a right to know.

Development and Care of Nurses

The supervisor in her contact with the nurse has an excellent opportunity to discover her weak spots and point out a way to eradicate them. She can search out elements of strength and further develop them. She can study the nurse and the district and adapt them accordingly to the qualifications and needs that are manifested. The supervisor has a very definite responsibility in guarding the health of the nurses. A few sensible, humane rules should be made covering extremes of weath-

er for the nurses who are not in easy communication with their main office. The nurse who is drenched to the skin is endangering not only herself but also the patient she is endeavoring to serve.

Procedure for All New Nurses

At the initial interview be sure the applicant understands the purpose of the association; that the nurse carrying the bag realizes she is the trusted representative of the community in its effort to take care of those who are ill and to prevent further illness.

Give her a copy of "General Instructions" and see that it is carefully read and understood. See that she understands she must wear plain uniforms during the probationary period. Flimsy hats and fancy shoes and hosiery are not permitted.

Give every probationer a completely fitted bag and see that she is supplied with car tickets. Without the bag she will feel detached; with the bag, a sense of responsibility and attachment is bound to develop.

Afford the new nurse the courtesy of an introduction to every one connected with the organization.

If the probationer develops weak points, point them out to her. If she can be a useful nurse but needs to eliminate certain weaknesses, give her the benefit of a frank talk.

Home Visits with the Nurse

The supervisor has an admirable opportunity of studying the nurse when she accompanies her into her district homes. In conversation the nurse's attitude toward her work is certain to manifest itself. Has she planned her work for the day, or is she haphazard in her method of making calls? How does she approach her families, brusquely, without consideration, or is her attitude sympathetic? Has she an appreciation of the privacy of the home? Does she enter the home as a friend and counsellor, or does she invade the home with the indifference toward the personal feeling of the family? A nurse may be perfect in her technique yet fail utterly to serve the family because of her unsympathetic approach. What are the weak points in her nursing technique? Does she follow the rules of asepsis and neatness as carefully in the home as she does in the hospital or does she consider this unnecessary? What is her method of instruction? Does she put on her apron and educate by example, or is her instruction entirely verbal? Much attempted instruction has little effect because of three factors:

1. The nurse does not instruct by example.
2. The nurse does not know her subject.
3. The nurse does not use patience, persistence, understanding and tact.

The relations between the supervisor and nurse will be strengthened if they both understand that supervision is not spying, but a method of guiding the nurse in order that she may serve her patients to the best of her ability.

The value of the district office hour is partially nullified if the nurses come to feel that the supervisor is too busy to confer with them on troublesome problems.

Encourage question-asking. If too much time is needed for any particular problem request the nurse to remain after hours in order that full discussion can be given.

In order that habits of regularity may be encouraged among the nurses, supervisors and senior nurses should set the example by establishing regularity in their own routine. A definite time should be assigned to each task and this schedule should be observed carefully.

Seamen's Service Center of the Port of New York

BY ANN DOYLE, R. N.

Supervising Nurse, Division of Venereal Diseases, U. S. Public Health Service

NOTE: It is the belief of the U. S. Public Health Service that this Seamen's Service Center will be the pioneer organization of similar centers eventually to be organized in the various seaports of the United States and, it is hoped, at many foreign ports. When centers are in operation at the various ports it will be possible for a seafaring man to find at all times not only facilities for treatment for whatever physical disability he may suffer, but also to find available sympathetic and intelligent social service, during the time he is ashore at various ports.

The New York Center, described in the following article, is in charge of P. A. Surgeon E. W. Scott, U. S. Public Health Service, who is the executive medical officer of the Center. Any inquiries regarding the New York Center should be addressed for the present, to Dr. Scott, at Room 313, Custom House, New York City, until the building to be occupied by the Center is in operation.

SINCE 1798 the U. S. Public Health Service has had the responsibility for the care of the seamen of the American Merchant Marine. While this care has been confined to hospital and dispensary relief it has been the desire of the Bureau to extend to these men a more thorough-going service than mere medical relief. Witness that

fact in an excerpt from an article written in 1872 (appearing in Public Health Reports of 1873), by Doctor Heber Smith, Surgeon, U. S. Marine Hospital Service, New York City, entitled "The Sailor and the Service at the Port of New York."

Among the duties of the doctor in medicine, in modern times, the study of

the causes of disease and the search for measures of prevention have come to be recognized as equal at least, if not paramount, in value to the highest technical skill and the most successful application of remedies when disease actually exists. In this broader field the physician becomes the student and investigator not only of man's physical, but also of his social and moral environment, and the bearing and effect of the most diverse and apparently remote influences are traced to their results in the production of disease and death, or the conservation of health and life.

What is thus true of the doctor in medicine in general, is especially so of the medical officer of the Marine-Hospital Service. To him is confided not merely the medical and surgical care of the sick and disabled who may be entitled to relief from the marine-hospital fund, but the authority to determine the validity of the claim for such relief. This authority carries with it the implied responsibility of guarding the fund from claims growing out of avoidable or preventable causes. Hence it is peculiarly within the province of the marine-hospital surgeon to inquire into the surroundings and conditions of the sailor, both afloat and ashore; to study the effects of his avocation afloat in the production of disease; to investigate his habits when ashore, and the laws and other influences which affect him; and to suggest such measures of correction or relief as may prevent his becoming a charge upon the fund and best preserve him in the vigor of health and usefulness.

It is with these objects in view that the following paper is offered; and though the subjects are treated in a crude and desultory manner, the hope is entertained that their intrinsic importance may awaken sufficient interest to secure some amelioration of the more glaring evils which beset the mariner ashore.

The opportunity for the Service to demonstrate an ideal created

nearly fifty years ago by this man of vision and sympathy, and fostered through all these years by other men of sympathy and vision, has at last been made possible by an appropriation of \$76,500 from the American National Red Cross. It is to be known as the *Seamen's Service Center*, and is to be located in New York City.

It would seem almost incredible that it has required fifty years of education to prove the need of social service for seamen. However, when one stops to consider that social service as a profession has only developed in the past twenty-five years in hospitals, schools, homes, industrial plants, prisons and so forth where the need was apparent at all times, it is not singular that the seaman, who is ashore occasionally, and when ashore, by reason of his occupation, habits, and so forth, is confined to a section of the city removed from the observation of all but a limited few, should have been thus neglected. The very psychology of his coming and going, of his belonging to the high sea so to speak, tended to obstruct the vision of the public to his needs when ashore and made them unconscious of the responsibility of providing for him occasionally those opportunities which have been made available for the landsman constantly.

The social handicap of the seaman and the consequent need of means for supplying home life and wholesome social intercourse were

emphasized by Doctor Heber Smith when he said, of conditions fifty years ago:

Let us follow a sailor from his arrival in port to his departure upon another voyage.

While to the weary passenger the sight of land and the approach to the familiar scenes of the home-port is one of the most joyous occasions of his life, his happiness is seldom shared by the sailor before the mast, who knows too well the home and the friends that await him.

. . . . What kind of a place is prepared for his reception? Few that have not had actual experience would credit a faithful description of the vile dens situated in the very worst parts of the city, on such streets as Baxter, Water, and Cherry; in old dilapidated houses reeking with filth and vermin, the sailor is shown to a bunk in a room that has as many double, and in some cases treble, tiers as it will hold, and without a sign of a convenience for the ordinary necessities of life; and that is his lodging place. In the saloon, or living room of the house, he is surrounded by a crowd of creatures, male and female, in various stages of intoxication; and can it be thought strange, if, under such circumstances, he immediately proceeds to get as drunk as his associates? How can he escape? Each newcomer is expected to contribute to the hilarity of the crowd, and he would be forthwith thrashed and then pitched into the street if he failed to meet such expectations. And this is his home.

While conditions are not as bad now as they were in 1872, there is still much to be desired in the matter of proper social environment for the seamen ashore. Because of the transient life led by seamen, especially on the tramp steamers, it is impossible for them to make proper social contacts. This leaves

them liable to be preyed upon by unscrupulous strangers and they frequently are the victims, not only of financial loss, but of loathsome communicable diseases.

It is hardly necessary to remind one, except by way of comparison, of the loss of time, money, and energy that occurred when the United States began mobilizing an army. An elaborate and carefully thought out plan for education, entertainment, and so forth, was laid in order to reduce the temptation of alcohol and prostitution, and the consequent sequelae of gonorrhoea and syphilis. So well did this plan work that the venereal infections contracted after the men arrived at camp constituted only one-sixth of the total venereal infections in the army.

The merchant marine of the United States is now being mobilized and every week thousands of tons of shipping, with the necessary personnel, are added to the trade fleet under the American flag. The same handicap under which the army struggled, or a still greater one, will hold this nation back in its fight for world commerce, because it is not possible to restrain the seamen while in port, nor is it always possible to provide proper medical treatment aboard ship for venereal diseases.

It would appear urgent, therefore, if we are to be successful, that the same safeguards that protected our soldiers during the war be thrown about our seamen while in port. The importance of this is

realized when one considers that fully 4,000 seamen of the mercantile marine touch at the Port of New York every day. The average length of stay of these men is about one week. Most of this time is leisure and is devoted to the pursuit of recreation and pleasure.

The Seamen's Service Center has been established for the purpose of assisting merchant seamen entering the Port of New York, and is to be the headquarters to which they may go for medical advice and direction, if in need of a specialist's treatment or hospital care, or a suggestion of a place to stay, a good show to see, or a friendly lawyer to unravel some knotty question. There are various agencies established in the city for these and similar purposes, and it is the object of this Center to act as a clearing house through which the seamen may be steered to the assistance they need. This Center will also be the headquarters to which existing agencies who desire to coöperate may report their resources in order that sailors coming to the Center may be intelligently directed to those agencies.

Nurses and others trained in follow-up work will serve when needed and will keep records of the cases. Such records will obviously be a source of important general information and of value as epidemiological and morbidity data.

To enable a man to secure treatment at a similar Center or clinics in other ports, a transfer card will be a ticket of admission, an introduction, and a record for his own satisfaction of his progress, and finally an important document for reference at the Center to which he will frequently return.

A registrar will keep the names and addresses of these men and will inform their relatives and friends concerning their condition when sick or disabled, or communicate to them any important information the men may desire to send.

The slogan of the Center is "For Seamen of All Flags," and the ambition of the Center is to extend American hospitality to any seaman from any land, to make him feel that he has really come to the "land of the free, and the home of the brave."

War Workers in Washington, D. C.

BY CLARA E. HOLLAND

IF one could eliminate the foreign faces, a composite picture of the people one meets during a stroll along Pennsylvania Avenue from the Capitol to the White House would surely reveal the future American type. For nowhere else can one find such a gathering of representative Americans as on the streets of Washington. They come from the vast territory stretching from Portland, Maine, to Portland, Oregon, and extending south to Florida and Texas, as well as from Alaska, Porto Rico and the Hawaiian and Philippine Islands—in fact, from every place where the Stars and Stripes indicate dominion.

What brings them all to Washington? The question is often asked and is answered in many ways. The best answer is that they are here in response to the Nation's need. In the good old days when Washington was a place where friends chatted in groups on the streets of a summer's morning and Congress debated with much warmth the widening of Swamp creek—protesting that the improvement would stigmatize the body as a "Billion-dollar Congress"—in those days the present condition would have been unthinkable. The speeding up

that took place after the war began was not confined to the automobiles that soon made walking along F Street a continuing adventure. The expansion of governmental activities was so rapid that the states and territories were searched for efficient workers. The latter responded loyally and plunged into their patriotic duties without regard to personal profit. Thousands of business men volunteered their services and scores of thousands of women responded to the call.

These war workers have touched the lives of every one of us in a thousand ways—from the welfare work for the new-born babe, to the manifold activities of the government in war times. On the outside the details of administration might seem simple, but at the modern hub where they all converged they became almost overwhelming in their multiplicity.

Take the Food Administration for example. It supervised practically every meal eaten by more than a hundred million people, and it went far over the habitable world to provide meals for other hundreds of millions. To accomplish its great task it had to change the eating habits of the whole people and educated them to new food

and new methods of cooking. It had to awaken them spiritually and teach them anew the old, old lesson that they are in very truth the keepers of their brothers' lives.

No one mind can grasp the multiplicity of details involved in such an undertaking. It was possible only through the operation of a great system ramifying from nation to state and from state to city, town and village. It eventually reached your own coffee cup and placed your conscience on guard to see that no more than one lump of sugar went over its top. And that, I take it, was the great triumph of Democracy which this war brought about—the overcoming of our own selfish desires for the good of the world. It was to the everlasting credit of Herbert Hoover that he brought home to us all the real meaning of the Sermon on the Mount.

The Fuel Administration undertook a task scarcely less important and probably more difficult than that of the Food Administration. It affected every family which was not so fortunate as to grow its own fuel supply, and it will probably increase the number of wood lots in connection with American homes. If it succeeds in reducing our superheated houses to a temperature of sixty-eight degrees it will be of great benefit to all concerned.

Many lines of governmental activity which were well under way before the war began were speeded

up to a remarkable degree under the press of war conditions. A notable instance was the home demonstration work of the Department of Agriculture. This was so effectively linked up with the extension systems of the State Universities and the State and local centres of the Food Administration that few families escaped the helpful influence of the great body of devoted women who conducted the educational campaign. This campaign not only helped greatly in bringing about the substitution of corn and other grains for wheat, but it affected millions of families in the betterment of home conditions. A recent report records a case in point. Ruth Anderson a young girl in Alabama—a member of a family of eleven—was induced to plant a tenth of an acre of beans and tomatoes as a girls' club project. She lived in a shack of a house in which the rest of the family took little interest. Her garden attracted the attention of a neighboring carpenter who finally was induced to help build a new house for the Anderson family, taking his pay in the fresh and canned products of Ruth's garden. The new house was finished practically through Ruth's efforts, and the family henceforth took a new interest in life.

One movement which attracted comparatively little attention in proportion to its possible influence upon American life was that of the Community Centre. Thanks large-

ly to the active interest of Miss Margaret Wilson, this was tried out in the District of Columbia on an elaborate scale, so that not only the War Workers but the other residents of Washington had opportunities to learn what the movement meant. The ideal of this movement is to have the school-house and post-office combined to form the centre, not alone for all civic and social activities but also for supplying many of the natural needs of the people. The first such combination was celebrated on the Fourth of July, by the opening of a school-house post-office at one of the outlying districts in Washington.

This community centre movement is one of the greatest socializing plans ever proposed. Its possibilities in bringing together all sorts and conditions of people are very great. It can affect not only the material lives but the spiritual ideals of every American family.

One reason why this Community Centre movement seems more likely to succeed now than in pre-war times is that there are real needs that bring people together to mutual advantage.

Another movement which attracted attention the world over was the welfare work in the War Department. The Surgeon General realized the War Department had taken the majority of the doctors and nurses of the city into the service, while the government had called many hundred thousands of

people to the city. When illness overtook them they were at a loss on whom to call, many of them receiving no medical attention whatsoever, thus remaining off duty days, when attention at first might have saved loss of time. Upon considering this, the Surgeon General's office decided to organize welfare work for the war workers of the War Department.

The result was that five dispensaries were organized in different parts of the city, each with a staff of six nurses. Twenty emergency rooms were established, one in each department. The departments were scattered all over the city, a number of visiting nurses with several social workers and the doctors completing the staff. Three of the dispensaries cared for the enlisted personnel, while two cared for the civilian workers. The two caring for the civilians were known as War Emergency Dispensaries, the cost coming from the War Emergency Fund appropriated by Congress, this being the first time in the history of the United States that civilians have been cared for by the War Department.

The emergency rooms were composed of three rooms, the middle one being the work room, the one on the right was the rest room for men, and on the left, the rest room for women.

When an accident occurred or a worker was ill, he visited the emergency room in his depart-

ment. The nurse prescribed simple remedies and a rest in the rest room. If more than this was needed, the patient was given a card and sent to the dispensary, a doctor was sent to the patient if he was unable to go to the dispensary, a nurse taking the patient home or to a hospital as the doctor advised. A visiting nurse called at the home daily until the patient was able to return to duty.

Every morning at 10:30 the chief of each department sent to the War Emergency Dispensary the name and address of each absentee.

The city was divided into districts and a nurse was assigned to each district. It was her duty to visit each absentee and report back to her department what was found. If nursing care was needed, it was given; if a doctor was needed the call was telephoned to headquarters at once. Instructions in personal hygiene and general care of health was given freely, which was greatly needed among so many young girls living in restaurants eating all the things they should not eat. The summer of 1918 was very hot. Many of the girls came from the North, and were found living on ice cream sodas, cake and candy. The result was work for the Welfare Department.

It was found that a large per cent of the absentees were not ill, but were off on a good time. This was taking the time of a graduate nurse whose services were needed elsewhere. To save this waste of

trained material, a graduate nurse was placed in the four largest departments, which were the Surgeon General's, Adjutant General's, Quartermaster General's and Ordnance Department. Her duty was to go through the department, find the women who had spent some time in hospitals (there were many who had had from three to six months' training). They were organized and instructed as to what was expected of them. These women made the first call on the absentees, and the cases needing little or no care they were able to handle. When nursing care was needed the call was reported to headquarters, thus the trained nurse was busy caring for the sick only. The call for the doctor was sent in by the graduate nurse; in this way unnecessary visits were eliminated.

While the medical department was busy organizing to care for the ill health of the workers, the War Department had not neglected the preventative side. Dr. Christy Mann and Susan Cocroft, two of the leading women in the country on physical culture, were called to Washington. It was the duty of these women to instruct in physical culture, personal hygiene, and to arrange picnics, dances and all forms of wholesome pleasure to ward off homesickness. Almost any day, when driving through the mall one could see hundreds of girls drilling and having exercises similar to those given the men.

The government made every effort to keep its workers in physical condition, for one day lost there meant lives lost for the boys in France.

The organizing was finished, the machinery in splendid working order, the heads of departments held a meeting, reported what had been accomplished, and heaving a sigh said, "If things go as we have planned the Hun is licked."

In two weeks from that time we were in the midst of the "flu" epidemic, which was dreadful. The housing and eating problems were so great that the epidemic work in Washington was harder than in most cities. If you can picture calling on a patient where no one had been near to give as much as a drink of water since you were there the day before, and no hospital beds in the city, you will realize how helpless the nurses felt. One day a doctor reported that he had called at a house to see a sick girl, and was told by the landlady, "Up three flights." He found an attic so dark he was obliged to use a flashlight, the boards of the floor so far apart he jumped from one to the other, if not careful, the board flew up at the other end. In this attic there were seven girls rooming, each paying ten dollars a month for rent.

Another day a nurse reported not being able to get in a house, when a neighbor came out and said, "You will find the key two

houses down, the landlady has gone to work, she is a war worker." The nurse got the key and went through the house looking for the sick. After awhile she found two girls on cots in the cellar near the coal bin. Day after day the nurses came in with heartbreaking stories too numerous to mention.

The situation was greatly relieved when Mrs. William Gibbs McAdoo gave ten thousand dollars to establish a diet kitchen. The name and address of the patient was telephoned to the Treasury Department and food was delivered daily as long as needed, with no expense to the patient.

After three weeks of work with the "flu" the United States Public Health Service took up the work.* They made the city into a zone, dividing it into four districts. The Red Cross, Visiting Nurse Association and War Department pooled their nurses with the rest. The War Department was given a district, keeping their own nurses and furnishing their own cars. In a few weeks the rush was over, and again we settled down to the daily routine.

An interesting feature of the work was to walk through the buildings, and see in each department a group of people with their

*An account of the Extent and Control of Influenza in Washington, D. C., under the supervision of the U. S. Public Health Service, appeared in THE PUBLIC HEALTH NURSE of December, 1918.

heads together, perhaps over maps, blue prints, or it may have been figures. When one saw group after group like this, all for one purpose, "To outwit the Hun," it made an impression one can never forget.

With the human machine keyed up to top-notch, the tension of the atmosphere was at such a high pitch that one wondered how long it could continue, and if it were possible to go through the winter. When, as if out of a clear sky came the word, "Germany had surrendered, the armistice was signed." Suddenly every street leading into Pennsylvania Avenue was a mass of human beings. In five minutes the avenue was impassable. The tension had snapped. The noise and confusion were beyond description and the thought uppermost in every mind was that Germany was beaten.

However, one did not stay long in Washington before realizing that there was more to this unprecedented activity than simply winning the war. That devoutly wished consummation, was always in the foreground of the consciousness, but back of it—perhaps more in Washington than in other cities—was the fixed purpose to make our great experiment in Democ-

racy so efficient that it should never more be called in question. When the war was won the real problems of our national life were to be solved. The pre-war conditions can never return and our social organism must become adapted to a new world environment.

From every capital in Europe came intimations of revolutions to follow the war—predictions of social orgies that shall make the French experiences of 1789 pale into insignificance. They tell us that a like experience is awaiting the Great Republic with its "sham Democracy." This is the cataclysm which these Washington workers set themselves to prevent. On every side potent agencies are at work to make our Democracy so real that every human being—not only in America but throughout the world—shall have the equal privileges that belong with equal rights. Every hamlet in the land is feeling the influence of this great movement, for it touches the food, clothing, health, education, the mental and moral outlook of all of us. And if one analyzes the effect of any of the myriad phases that may touch one's life one finds that at bottom it tends to a greater equality of privilege than went with the older social order.

Pioneer Work After the Civil War

BY CORNELIA HANCOCK

Founder of the Laing School, Mt. Pleasant, S. C.

EDITOR'S NOTE: During the Civil War many women served faithfully both in the hospitals and in the army, ministering with unremitting care to the wants of the sick and wounded. Among them, Miss Cornelia Hancock was distinguished for her labors. She first visited the field as a nurse in July, 1863, and was the first woman who reached and ministered to the wounded on the bloody field of Gettysburg—the soldiers later voting her a silver medal in appreciation of her services.

In May of the following year commenced that series of terrible battles which terminated in the overthrow of the Rebellion. As soon as the news reached the North, Miss Hancock at once left for Washington. After much difficulty she succeeded in reaching the front and arrived at Belle Plain, May 10th, 1864.

During the remainder of the year she labored unremittingly in various hospitals. After the fall of Richmond, active operations having ceased, she proceeded to Alexandria, where a hospital was established for those soldiers who might be exhausted on the homeward march. Here she remained a fortnight, when, her services being no longer needed, she withdrew from the field to take the rest so much needed.

The following article by Miss Hancock will, we are sure, be of interest to our readers.

AFTER two years' services as a nurse in the Civil War, I found ordinary life rather monotonous and an impulse seized me to further enter into some public service. The crying need of the period was the education of the Negroes, just given their freedom. Laura Town, who had been successfully engaged in this work, invited me to accompany her to the Sea Islands on the coast of South Carolina to become an assistant in her school, and I accepted the invitation.

We started from Philadelphia, January 9, 1866, the weather being extremely cold, and had a very eventful journey. All the bridges

crossing the rivers in South Carolina had been burned during the war, and each river had to be crossed in a flat boat, poled by hand. It consumed many days to cover the journey. There were no Pullmans, box cattle cars being the only means of transportation. The weather, however, grew warmer and this lessened our discomfort. Arriving in Charleston, S. C., Laura Town remarked, "Miss Hancock you have far too good material in you to become an assistant teacher in my school. You should stop right here and find a field of your own." So, acting on her advice, I remained in Charleston and assisted in some of the

over-crowded schools of the city, while I took time to visit around to find a field for action.

On one of these trips of a Seventh Day (Saturday) afternoon I crossed Charleston Harbor, rowed by a crew of negro men singing the weirdest kind of songs. On arriving in Mount Pleasant, I found a Presbyterian church that had been riddled with bullets through the roof, and, the sun shining most beneficently on the dilapidated village, soon a number of children gathered around me as I sat on the front stoop of the Church. I asked them if they would like to have a school, and their answer was uniformly "Yes." So I told them to come on Second Day (Monday) morning and I would open one.

This promise was made without much knowledge of conditions, and the next move was to find the authority existing to make life safe. This I found to be vested in a United States Provost-Marshal, who had an office and controlled the village. He said the house where his office was would be safe, and that two Scotch women, who had been loyal during the war, were his housekeepers, and that I could stay with them and share, with the goats and chickens, a safe retreat.

I made arrangements to come over from Charleston and open the school as I had promised the children I would do—and on arriving, found fifty children awaiting me. There was nothing but the dilapi-

dated building with which to commence a school. Not a chair nor a table, slate, pencil or book. The only thing that suggested itself to my mind was to take some coals from the improvised fire and make letters and figures on the large white pillars in the Church. The fire also was so unique that it is worth mentioning. Of course, the warm rays of the sun were our best heater, but on cold raw days, the children brought in sand and built a fire on it, and the smoke disposed of itself by going out of the holes in the roof. Of course, every day brought improvements. Hicksite Friends of Philadelphia were applied to to send more teachers, and Reuben Tomlinson, of Charleston, who dispensed school supplies, sent us books, slates, etc., and the children, having no chairs, benches or desks, lay flat on the floors, and used their slates. Had cameras been in vogue then, as now, a snapshot of this school would have made an interesting picture for all time. Hicksite Friends of Philadelphia soon sent three other teachers, and as there was a school of 200 children gathered, another building was secured for the primary department.

The school went on in this way until 1867, when the Freedman's Bureau paid the rent of a fine brick mansion that was large enough for a teacher's home, and also accommodated the school. Three teachers taught in this building until application was

made at Washington for funds to erect a regular school building.

A lot on which to erect this proposed building was donated by the town of Mount Pleasant, and the funds with which to build it were given by the Freedman's Bureau. It was a two story building and very suitable for the school.

There was at that time an unused light house, owned by the Government, and this was secured from the authorities at Washington for a Teachers' Home. It was a pretty cottage overlooking the harbor and this dwelling the teachers enjoyed as a pleasant home as long as I remained in the South. Later, changes came in the light house service and it is now used as a home for the family of the keeper of the lights on the harbor.

Having lived in the debilitating climate of the South so long, my health failed in 1876, and Abby D. Munro was made principal of the school, and remained at that post for 37 years. The catastrophe of importance that occurred during her administration was the destruction of the school building by the Charleston earthquake. A new building had to be constructed, and, as time went on, it became too small to accommodate the growth of the school, and the present guardians, the Pennsylvania Abolition Society, last year added another story. It is now a fine building looking from the outside much like a Friends Meeting House.

Now, nothing can be gained by the present generation merely dwelling on the past of this school, all of which has been useful, so I am interested in working out *its future*. To have a fine building like that school house in use only five hours in the day, and only 8 months in the year, seems unprogressive.

In passing through the village on my walks, I was accosted lately by the grown-up boys of the village in these words "Oh, Miss Hancock, is there nothing we could do in the Laing School building in the evening?" and now my mind is on fire to get this building in use as a Social Centre in the evenings.

The middle-aged women that were educated in my day are entirely capable of helping in a Social Centre, and they would like to do it. I leave this practical thought in the minds of those who have the usefulness of the Laing School at heart.

Another condition that worries me is the utter lack of profitable employment for the colored people. The only two things they have to turn to is washing the white people's clothes and pushing white children in baby carriages. For doing a family wash that takes two persons to carry home they receive \$1.25 and for pushing the baby carriages they get their food. The only prosperity I saw was confined to those who owned and

cultivated the ground and this brings me to my second suggestion, namely; the possibility of establishing an Agricultural Depart-

ment in the School so that the scholars can learn to cultivate the land and make two blades grow where only one grew before.

Pioneer Public Health Work in the Cumberland

BY PERRY DAVIDSON

THAT the question as to whether she is a Visiting Nurse or a Public Health Nurse is seldom debated by the nurse of the Hindman Settlement School as she goes about her strenuous duties is shown by the following notes of her work:

Called on four-year-old child threatened with convulsions and who, a few days before, had had an attack of them. Advised mother as to its care.

Gave nursing care to a mother and a three-day-old baby.

Dressed a nine-year-old boy's foot for burn; the skin was off all over from arch of foot to ends of toes.

Dressed a seven-year-old boy's knee into which he had thrust a needle.

Gave a young man with pneumonia a bath and made his bed.

Dressed a woman's toe; she had been to a hospital and had a tumor removed, but got homesick and returned to the mountains before being cured.

Gave seven-year-old boy with flux bowel irrigation and cleansing bath, and advised food.

Was told of thirteen-year-old boy who had flux, and went to see him. He had been sick two or three weeks and was a mere skeleton. I don't believe he had been washed since becoming ill. He had his clothes on. I gave him a bath and advised care and food.

Visited a baby whose mother I am trying to teach about its milk formula.

Met a man whom I had been going to

see with rheumatism following flux. Was glad to see him able to be at work again.

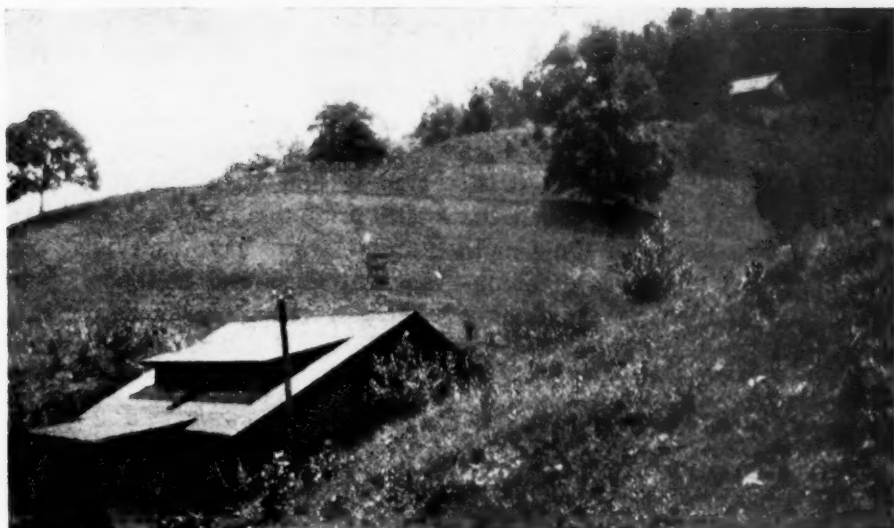
Took temperature of a girl with rheumatism following flux. Found her sitting up in chair.

Dressed leg of a woman who had been bitten by a dog, leaving an ugly wound on the shin bone.

After starting home at dark I was stopped by a family whose father told me that the doctor had left a note for me, requesting that I bathe one of the daughters and grease her chest. There being no lamp or other illumination in the house, I used a burning cork in a bottle for a light.

I rode about twenty-five miles on horseback to accomplish this day's work and I did not do it in an eight-hour day. You may decide from this record as to whether a nurse is needed. Of course, not all days are so full, or I could not stand the work.

Miss Carothers, the nurse, relates also how she instructs some convalescents from flux to guard their water supply and how, in a home infested with swarms of flies, she tells its occupants how dangerous these insects are and how much cheaper it is to screen than to pay doctor's bills or, perhaps, have some member of the family die from this source of infection.



HOSPITAL

By cooperating with the Red Cross in employing Miss Carothers, Hindman Settlement School is a real pioneer in this branch of public service in the Cumberland.

The employment of a nurse was in response to a need that could no longer be denied. Hitherto we had been operating like other schools of our kind—teaching the



WEAVING CABIN

young and doing certain kinds of extension work at favorable periods of the year. In this respect Hindman Settlement School has done a work that has justified its mission a thousandfold, but in failing to more forcibly touch the physical well being of the people we have been missing a great opportunity. Now the people are learning that the air should not all

open and that soap and water will do this—these are a few of the very fundamental lessons that must be taught the people about sanitation.

Here and there strong opposition is met with and they point with pride to a few very old inhabitants who have survived the ancient ideas and methods. John Shell, a mountaineer living in a nearby county, is 132 years old and



LITTLE GIRLS' HOME

be shut out at night; that "night air" is not necessarily poison to breathe; that certain precautions will prevent the contraction of tuberculosis; that typhoid spreads through the pollution of the water supply; that this pollution can take place only by the careless disposal of excretions from typhoid patients; that flies are dangerous and should be kept out of the house; that the skin has pores which must be kept

"spry for a man of his age," being the father of a five-year-old boy and having cut his fourth set of teeth. In fact, the number of very old people in the mountains is quite marked, but it must not be forgotten that they are a most prolific race and that the living are really a survival of the fittest. When a Spartan baby was born he first had to pass a severe physical test before qualifying for life in

this world; if he showed physical imperfections he was taken from his mother's breast and killed. For the state had absolute authority over the individual. Here in the Cumberlands a somewhat analogous situation prevails. A puny child born into the world is likely to remain puny and usually falls a victim to its first "summer complaint," or is carried off by the first epidemic that hits the community, for the "pore little thing wasn't never expected to live no-how." It thus happens that as in the case of Sparta, we find a race with wonderfully developed physical possibilities, even though the majority of the people have hookworm. But this plan of survival is not humanitarian nor in keeping with the spirit of present day civilization.

I would also like to tell about our new "home making" department, in which a limited number of girls are taken and given a two years course in cooking, general housekeeping as it should be done

even in the mountain homes, and sanitation. The girls that go back to their communities from the Practice Home will lighten the burden and elevate the profession of future generations of our visiting nurses. But this is another story. A thought, however, that we like to dwell on, is how these mountain boys and girls thrive on the plain but nourishing diet of Hindman Settlement School. They respond wonderfully and look to be different creatures when they have been here a few weeks. Perhaps we may be able some day to wage a campaign for better nutrition throughout this whole section.

A thought that has always heartened the workers of Hindman Settlement School is the fiber of the folk with whom they are laboring. They are not the "stranger within our gates" who must be Americanized as other remedies are administered, but they are already one hundred per cent American with a patriotism as old as our nation.



"The manner in which its children are nurtured is in truth perhaps the best measure of the civilization of a race."—William L. Chenery.

Health Hazards of Pottery Workers

BY ZOE LA FORGE

U. S. Children's Bureau

EAST LIVERPOOL, Ohio, is the centre of the pottery industry in America and is a city for one industry only. Although the local clays are not used in the manufacture of the ware, the location of the potteries there was not entirely a matter of accident. Edwin Bennett of Derbyshire, England, who built the first pottery in East Liverpool in 1841, had expected to use the local clays. However, he did not succeed in this and left for more promising fields, but his experiment attracted a continuous stream of adventurous Englishmen. A few of these survived years of struggles with unsuitable clays, dismaying destruction of their plants by fires, and fierce competition with imported wares, and eventually established the industry upon a stable and productive basis.

As the industry grew, these men sent for skilled potters from England, who brought their families and became a magnet attracting their relatives and friends. And the steady stream of English immigration during the next fifty years was established. In 1910, 9.8 per cent of the population of the city was foreign born, and of this group, 64.8 per cent were born in England or its provinces. Thus there has grown

a unique community of English ancestry in both industry and population, which is entirely removed from the protection of English law of recent years.

The British Government has recognized the industry as "dangerous and unhealthy." Following an investigation by the departmental committee of the Home Office, which sat from 1908 to 1910, laws were passed designed especially to reduce the health hazards to which the pottery workers are exposed by reason of their employment.

In the United States, the promulgation of industrial legislation is the function of the individual States, while the Federal Government, through the Department of Labor, may investigate and report its findings. In 1912, an investigation of the pottery industry in the United States and Europe was begun by the United States Department of Labor. Although the investigation in Europe was interrupted by the outbreak of the Great War in 1914, the report of some seven hundred pages was prepared by the Bureau of Foreign and Domestic Commerce, and was printed in 1915.

The report devotes considerable attention to the health problems of the cities of East Liverpool, Ohio,

and Stoke-on-Trent in England, as the centres of the pottery industry in America and England, justifying its action in the following words:

"The occupations of the industrial population of East Liverpool are the same as those of the English pottery centre. They are competing cities. The nature and character of the occupations in the industry and of the materials used have the same effect upon the health and efficiency of pottery employees in both communities. The condition under which they live and their physical well-being are foremost factors in production and affect competitive costs of manufacture. For these and other reasons authentic data relating to the American and English communities are of exceptional value." (Report of the Pottery Industry, page 345.)

This report of the United States Department of Labor and the official records of deaths which have occurred in East Liverpool since its publication in 1915 are the chief sources of the material for this study of the health hazards of the city's pottery workers. Supplementary to these official sources, one of the most modern potteries in the East Liverpool district was visited, and many of the workers were visited in their homes during the summer of 1918. These personal observations contributed much toward making their health problems, as disclosed in the findings of the formal investigation of the government, real and vivid.

The processes of the manufacture of pottery producing the greatest health risks are the dusty processes of mixing and drying, and the use of lead glaze. When ready for mix-

ing, the clays, ground to a fine powder, are shoveled by hand into huge vats or mixers containing a measured quantity of water. The mixers are then revolved by machinery to produce the exact degree of smoothness desired for the manipulation of the clay. The workmen and the walls of the room are white with the dust of the powdered clay and the floor is covered with drippings from the mixers containing the "slip," as the product of the mixture of clay and water is called. In this room there is little opportunity for the spilled slip to dry on the floor and thus add to the dust by grinding of the dried material under the feet of the workmen, as in other parts of the building.

The clay in the hands of the potter, a process of absorbing interest since early historic ages, always furnishes some waste or excess which, on drying, returns to dust again. In the manipulation of the clay for any purpose this is inevitable. From the point of view of the potter and employer, speed, and not the reduction of dust, is the important goal; the former hopes to increase the individual output, for he is paid by piece work; and the latter, by the same means, hopes to increase the total output. Though clay dust is as fine as powder it has a "gritty" feeling when rubbed between the fingers and in reality each fine grain of the powdered clay has a sharp cutting edge. A definite proportion of flint, or quartz, is necessary for the production of certain desirable qualities in

the ware. The Report of the Pottery Industry explains its use thus:

"Flint is usually obtained by grinding quartz rock or white sand. It reduces the shrinkage in drying and during the firing, and gives to the body a certain rigidity, opposing deformation due to softening." (Report of the Pottery Industry, page 127.)

Dust is constantly present in the process of the manufacture of pottery until the ware comes from the first, or biscuit kiln, when it is ready for the glaze.

The ingredients of the glaze are mixed to a creamy consistency and the ware is plunged, piece by piece, into the mixture, up to the elbow of the operator, or dipper, as he is technically known. This process is called dipping and requires long practice to attain skill in obtaining an evenly distributed coat of glaze on every piece of ware. Dippers are constantly exposed to poisoning by lead, which is one of the chief ingredients of the glaze. The Report of the Pottery Industry says of its use:

"Lead is one of the most invaluable materials the potter has at his disposal in the compounding of glazes. . . . The main disadvantage in the use of lead is its poisonous properties, and special precautions have to be taken by the worker when it is used raw." (Report of the Pottery Industries, page 132.)

The report also quotes Sir Thomas Brown, M. D., a leader in Great Britain on the subject of lead poisoning, as follows:

"Great as is the risk to health from this cause (lead), it is considerably less than the possibility of lung diseases due to

breathing dust." (Report of the Pottery Industry, p. 443.)

The proportion of workers exposed to these risks in the East Liverpool potteries can be estimated only, in the absence of reliable occupational statistics in this country. The British Committee, mentioned earlier in this study, reported that "in 1907 there were 63,000 persons employed in the manufacture of pottery in Great Britain. It was found that 6,865 persons (10.8%) were employed in the dangerous processes involving contact with lead, and that 23,000 (36.5%) were daily incurring danger from breathing dust." (Report of the Pottery Industry, p. 440.)

It is clear that the sanitation of individual plants is highly important, particularly for the reduction and removal of flint and lead dust. However, the reports of the inspections of the agents of the U. S. Department of Labor showed "how far removed from good sanitary condition more than 85% of potteries are." (Report of the Pottery Industry, page 55.) Other features of sanitation, only relatively less important, were the exposure of workers to the weather, and the insufficient light; in more than 50% of the plants, the light upon the operations of the workers was classed as "fair" or "bad." (Report of the Pottery Industry, page 326.) One of the largest potteries in East Liverpool is located in the unsewered district of the city, known as East End. On the other hand, it is reported that the modern lavatory facilities of one pottery were "outrageously abused" by

the employees. (Report of the Pottery Industry, page 325, note 15.)

The potters themselves are attempting to control such abuses as this through a system of shop inspection by unions. Since the report of the pottery industry was issued by the government, the National Brotherhood of Operative Potters, a federation of local trade unions, with headquarters in East Liverpool, has employed a full time inspector of shop sanitation. No official report of his work is available, but workers representing various local unions expressed keen satisfaction in the results achieved. The chief of these, in their opinion, was fairer representation of their claims before the Manufacturers' Association.

In its convention of 1913, the National Brotherhood of Operative Potters adopted the following resolution: "Disregard for reasonable rules for the preservation of health and cleanliness shall be considered, just grounds for immediate discharge without notice." (Report of the Pottery Industry, page 341.)

The provisions of the workmen's compensation law of Ohio cover accidental death or injury while at work. The law makes no provision for death or disability due to occupational diseases, which are unfortunately prevalent in the pottery industry.

The sanitation of a city having so large a proportion of its population engaged in one industry has, to some degree, a measurable influence upon their physical well-being. For this

reason a brief account of the appropriations of the city for health purposes and the city's housing problem is included in this study.

The per capita appropriation for the Department of Health for 1917 was 23 cents, using as a basis of calculation the local estimate of 25,000 population; the per capita appropriations for the Police and Fire Departments were 63 cents and 92 cents respectively for the same period. The relative importance of health and property protection is clearly indicated by the fact that the appropriation in 1917 for the Fire Department was four times that for the Health Department, and that for the Police and Fire Departments combined was more than six times as great. The appropriation per capita for the Health Department was reduced slightly in 1918 (22 cents), while the Police and Fire Departments' appropriations were increased to 72 cents and \$1.13, respectively. In view of the increase of the latter appropriations, the reduction in the former could scarcely be justified on the grounds of war time economy.

The topography of the city has been the chief factor in the creation of an acute housing problem. The city has a frontage of about five miles along the Ohio river and its greatest width does not exceed two miles. Its expansion in width is effectively halted by the precipitate hills rising abruptly from the river which form the narrow and ruggedly beautiful Ohio valley.

At the time of the government investigation of the pottery industry in 1912, two-thirds of the population occupied a level section 4000 by 2500 feet. The city had no slums nor so-called fashionable section. The alleys, sixteen feet wide, are nearly all inhabited and lots 30 by 130 feet usually contained two buildings, one on the street and one on the alley. (Report of the Pottery Industry, pages 350-1.) In 1918 these conditions were even more acute because of increased congestion in the level section and a deterioration of buildings.

The consideration of the housing problem among workers peculiarly exposed by nature of their employment to respiratory diseases, is of interest in connection with the tuberculosis problem. The death rates per 100,000 from this cause in 1911 in the U. S. Registration area and in East Liverpool were 138.0 and 153.8, respectively; this is exclusive of all other forms of the disease than tuberculosis of the lungs. (Report of the Pottery Industry, table 144.)

In 1913, the mortality from tuberculosis and other respiratory diseases was 37.7 per cent of deaths from all causes among pottery workers, as compared with 18.2 per cent among workers engaged in other "gainful occupations." (Report of the Pottery Industry, page 362.) These rates are calculated from official records of deaths in the city. The mortality among members of the National Brotherhood of Operative Potters in the fiscal year ending

March 31, 1913, from this group of diseases, was 56.2 per cent of all deaths. The two rates are not precisely comparable since they cover different periods of time. However, it is probable that the definition of occupation of the decedents is more exact in the latter case than in the former. The official records frequently state the occupation of an employed person as laborer, but unfortunately neglect to name the industry. It is probable, therefore, that the latter rate is more nearly correct than the former.

In 1913, the National Brotherhood of Operative Potters appropriated a special fund of \$10,000 for the care of tuberculosis patients among its members. This amount was increased by an appropriation of \$5,000 from the Manufacturers' Association. Regulations governing the administration of the fund require that not more than fifty patients may be treated at one time and that the cost per patient must not exceed \$7.00 per week. It is estimated that the minimum cost of adequate sanitarium care is \$500 per patient per year and that for each one hundred employees there is one case of tuberculosis. It is evident that the amount of the above appropriation is totally inadequate to meet the needs of the situation.

The problem of lead poisoning is less clearly determined. It is seldom the primary cause of death, and its effects are chiefly total disability by deformity of bones, and loss of muscular control.

It is clear that, if the health of the pottery workers is to be adequately protected and preserved, a radical program based upon prevention of the risks described, is a prime

necessity. It is also self-evident that the success of such a program is dependent upon the active coöperation of employer, employee, and city official.

Health and the Working Child

BY HAROLD H. MITCHELL, M.D.

Special Agent, Health, National Child Labor Committee

THE health of the working child stands as between two great public health specialties—school hygiene and industrial hygiene. It is as though he were neither child nor adult, and yet he probably represents one-fifth or more of our population who are 14 and 15 years of age, and he is peculiarly in need of special health supervision. He is exposed to the greatest health hazards of any period since his infancy, and if he injures his health at this time he more than likely faces a life of dependency and misery.

So far, we have laws in only sixteen states which require a certificate of physical fitness from a physician before a child is allowed to engage in wage-earning pursuits. These examinations reject the children with tuberculosis, heart disease and severe malnutrition and require many others to correct such physical defects as carious teeth, defective vision, adenoids and diseased tonsils. In a few cities the child is required to return for an examination whenever he changes his employment. Even

these restrictions, however, do not reach a large group of children with the milder physical defects. Examining physicians do not feel warranted in rejecting every child which they believe needs medical attention nor even every child with a questionable prognosis.

If it be recognized that our only excuse for any child labor is real economic hardship, it should also be recognized that it is no economy to the poorest family for a child to work under conditions that mean certain and immediate illness. It should be clear that it is not economy to allow a child to risk his health with such hazards as physical defects and occupations involving severe strain, excessive fatigue or exposure to poisonous substances or dust. The medical examination that rejects three or even ten per cent of the applicants and then gives no further attention to the children is not sufficiently protecting their health.

Some of our courts will not yet uphold the rejection of the child with only a few carious teeth and yet this condition untreated may

result in a severe rheumatism or heart disease that means physical ruin. Such a child is running a grave risk in addition to the hazards of his occupation. It is well recognized by the medical profession that the weak or under-nourished child is peculiarly prone to develop a latent tuberculosis. The early signs of this condition must be given prompt attention or tuberculosis will gain its foothold. It is obvious that neither the working child nor his parent realizes the risks incident to a disregard of such warnings as loss of strength, loss of weight or failure to grow. The child with eye strain, from a small uncorrected defect of vision, may find an occupation that is particularly difficult for the eyes, and yet the nervous and general fatigue is seldom sufficient warning to take the child from his occupation to one of less hazard to his eyes and thereby of less danger to his general health.

We may draw up elaborate prohibitive laws to guard children from all the peculiar hazards of industry, and these may protect from exposure to certain well known poisons or irritating dusts, and yet we must continually follow the various trades and have the authority to add such other processes as precise and detailed knowledge of the operation, and of the substance used in it, will give. Indeed the new science of industrial hygiene shows that we must make many further studies of the effects

of various industrial processes upon the human body. Postural strain is most likely to be overlooked unless the child is given some medical supervision after his first examination, although we know that the bony structure of a child is quite flexible, and that children are peculiarly susceptible to deformities from prolonged and unusual strains.

All these health hazards suggest that there is a serious need for some further supervision of the health of working children. It is not sufficient to examine a child and then expect that he will survive all the hazards. If he has any physical defects, even of a mild degree, they may prove just enough handicap to break down his resistance. Periodic physical examinations are an essential. With the development of continuation schools there should be given to the working child such health supervision that when he reaches maturity, he may enter the industrial world with a body at least free from disease or physical weakness. It is National and State economy to protect the children's health.

Child Labor Day will be observed throughout the country on Sunday, January 25, in churches; on Monday the 26th, in schools; and on Saturday the 24th in synagogues. Secretary of the Interior, Franklin K. Lane writes as follows:

"I think it most appropriate that you should observe a Child Labor

Day in January. Child labor will soon be a thing unknown. The child will be given its chance to grow. But work by children on things that are not drudgery and do not impair health or spirits will more and more come to be recognized as educational. 'We know only what we do,' is at least more than half true. And the child that trains hand and eye and brain to work together is being educated. Experience has shown that a fixed

limit must be set by law, else the exploiters will take advantage of the necessities of the parents. Now that we are coming to a minimum wage, the necessity will grow less. I can not say, 'Let no child work,' for I believe in the idea of work being put into the heads of the young, and I believe in the value of work to the young—but not monotony, not anything that does not tend to make a more complete citizen in the long run."

Record Forms for Rural and Small Town Nurses

BY KATHERINE M. OLMSTED

Secretary, Middle-Western Office, N. O. P. H. N.

IN rural communities and the smaller towns, the Public Health Nurse is often known as the County or Community Nurse.

Due to the rapid development of public health nursing in the last few years and to the growing interest manifested in it, in even the rural sections, these nurses have, almost without exception, been doing generalized work, often forced upon them by the lack of other nursing organizations to whom they could refer cases or by the knowledge that to do efficient tuberculosis nursing, they could not entirely overlook the pressing problems of child welfare, or vice versa.

Rural nursing, especially, has a tendency to become largely educational and advisory and, because

of the easy approach, usually will, unless carefully watched, center and end in school nursing. The various activities and size of the territory make daily visiting almost impossible, so the preventive side of public health nursing has been rapidly increasing in rural sections and Health Stations are everywhere in an active state of development.

The Child Welfare, Prenatal and Tuberculosis cards are suitable for use in a clinic or Health Station, saving the inconvenience of another set of records when stations are opened.

To the rural nurse, the family predominates over the individual. It is the Jones family by the river that is drinking polluted water, or it is the old Brown farm where the

children are all underfed. Cases are referred to the nurse not by individual names and addresses, but by family names and locations. For this reason, the Family Unit Record System seems the wisest and the nurse, at the end of her busy day, will be more apt to drop into the Smith folder a Prenatal Card with a few necessary checks, than she would if she were forced to fill out an entire new history card. She will thus bring to the attention of the supporters of her work the services she usually renders but seldom reports.

The aim of the attached record system is to have as much information about family environment and disease as is necessary, without gathering a great deal of material of little value either statistically or practically.

Everything which can be is printed out, leaving it only necessary for the busy nurse to make a check or cross, rather than write out long sentences, and this will result in more thorough reporting.

The cards are so arranged that they are not terminated at the end of each illness, but are to be used over for subsequent illnesses, giving at a glance a true picture of results of previous illnesses which might have a bearing on the present condition. The saving of new cards, clerical labor and filing space is of importance.

The cards are of the standard 5 x 8 inches in size and the report sheets are of the size for standard loose-leaf ring books.

Closed cases should be left in the Family Folder, but little tin markers of red or black or yellow can be used to designate dead, closed or referred cases. Nurses doing Metropolitan work could also designate these cases with colored markers in the Family Folder.

1. Nurses' Daily Report

(See illustration, page 34)

To be carried by the nurse in a loose-leaf ring book.

The value of a daily report sheet for a rural nurse or a small town nurse is unquestionable. Her work is not the daily visiting of many patients as is the case in city work. The rural nurse especially is often away from her office in the far section of her county for days at a time, visiting both homes and schools, giving and loaning supplies, giving lectures and holding classes. At the end of the month a close daily record will help her infinitely in making out both her cards and monthly report.

Five blank spaces have been left on the daily report in which the nurse may note any special local activities in which she may be coöperating or interested.

This report will not be the unnecessary burden to the rural nurse that it would be to the city nurse, because, owing to distances, the rural nurse has fewer cases to write up at the end of each day than has the nurse in the city where patients are so close together.

Form No. RNTS—Per 1,000, \$12.00; per 500, \$6.50; per 100, \$1.35.

CLINIC AND HEALTH STATION SERVICE							
	Tuberculosis	Infant	Dental			Total	
Number of Clinics held							○
Attendance at Clinic							
New Patients Examined							
New Patients Instructed							
New Patients Treated							
Cases Dismissed							
Cases Carried Over							
Sputum Examined							
Tests Given } pos.							
" " } neg.							
Urine Examined							
SOCIAL SERVICE							
Number of Social Service Visits made							
Homes	Clinics	Office	Total				
Number of Patients referred to private physicians							
Co. Phys.	Health Officer	Dentists					○
Hospitals	Clinics	Relief Agency					
							Total
Services rendered to;							
Health Department							
Juvenile Court							
Alms House							
County Jail							
Mothers Pension							
Supplies Loaned							
Meetings Attended				Talks Given			
Emergency Relief Given				Literature Distributed			
Publicity							
EXPENSES							
Miles traveled by R. R.	Auto		Horse				
R. R. Fare	Livery Charges		Meals				
Automobile Expenses;							
Gasoline	Oil		Storage				
Repairs							
Office Expenses: Rent				Phone			
Supplies							
Total Expense				Month			
Respectfully submitted							
(REVERSE SIDE)				Public Health Nurse			

Ring book leather No. 115, \$3.80; ring book imitation leather No. 1172, \$2.30; ring book canvas No. 007½, \$1.35.

Sold by Mead & Wheeler Co., Chicago.

2. *Rural Public Health Nurses' Monthly Report*

(See illustrations, pages 36-37)

This report sheet covers the four types of work most commonly carried on by rural and small town nurses and, by using carbon paper, several copies can easily be made for various board members, newspapers, etc. Plenty of blank spaces have been left to fill in any strictly local type of work.

Form—MR: Per 500, \$14.00; per 100, \$2.50. See prices of Ring Book in previous section, Mead & Wheeler Co., Chicago.

3. *Family Folder*

(See illustration, page 39)

This takes the place of both the basic card and a folder and contains just the essential facts about the family which are usually repeated on each individual card. This saves clerical labor.

It also helps in many ways to impress upon the mind of the nurse the effect of wages and environment upon family health.

The family unit plan undoubtedly aids in the coöperation with other social agencies which usually carry families rather than cases.

The gathered statistics concerning conditions of premises and the sale of milk and butter should

prove of value at times of epidemics of communicable diseases.

Form No. 5F: per 1,000, \$18.00; per 500, \$9.50; per 100, \$2.00.

Mead & Wheeler Co., Chicago, Ill.

4. *Tuberculosis Card*

(See illustrations, pages 40-41)

This card is suitable for both the nurse caring for tuberculosis cases without a clinic but referring cases to either County or State institutions and the nurse coöperating with or conducting clinics for the examination of patients. The card has the necessary amount of information on social habits and home conditions, as well as space for a record of home or dispensary visits or clinic service.

The doctors' medical examination sheets can be attached to the card, as information on the medical sheets varies according to the individual doctors in charge of clinics.

Cases diagnosed positive, suspected, dead, referred to institutions, etc., can be marked with colored stick-ups.

Form No. 5T: per 1,000, \$10.50; per 500, \$5.50; per 100, \$1.25.

Mead & Wheeler Co., Chicago, Ill.

5. *General Card*

(See illustrations, pages 42-43)

To be used for all general or surgical cases.

A well child over six years of age should have a General Card. The school card should be filed in

TUBERCULOSIS

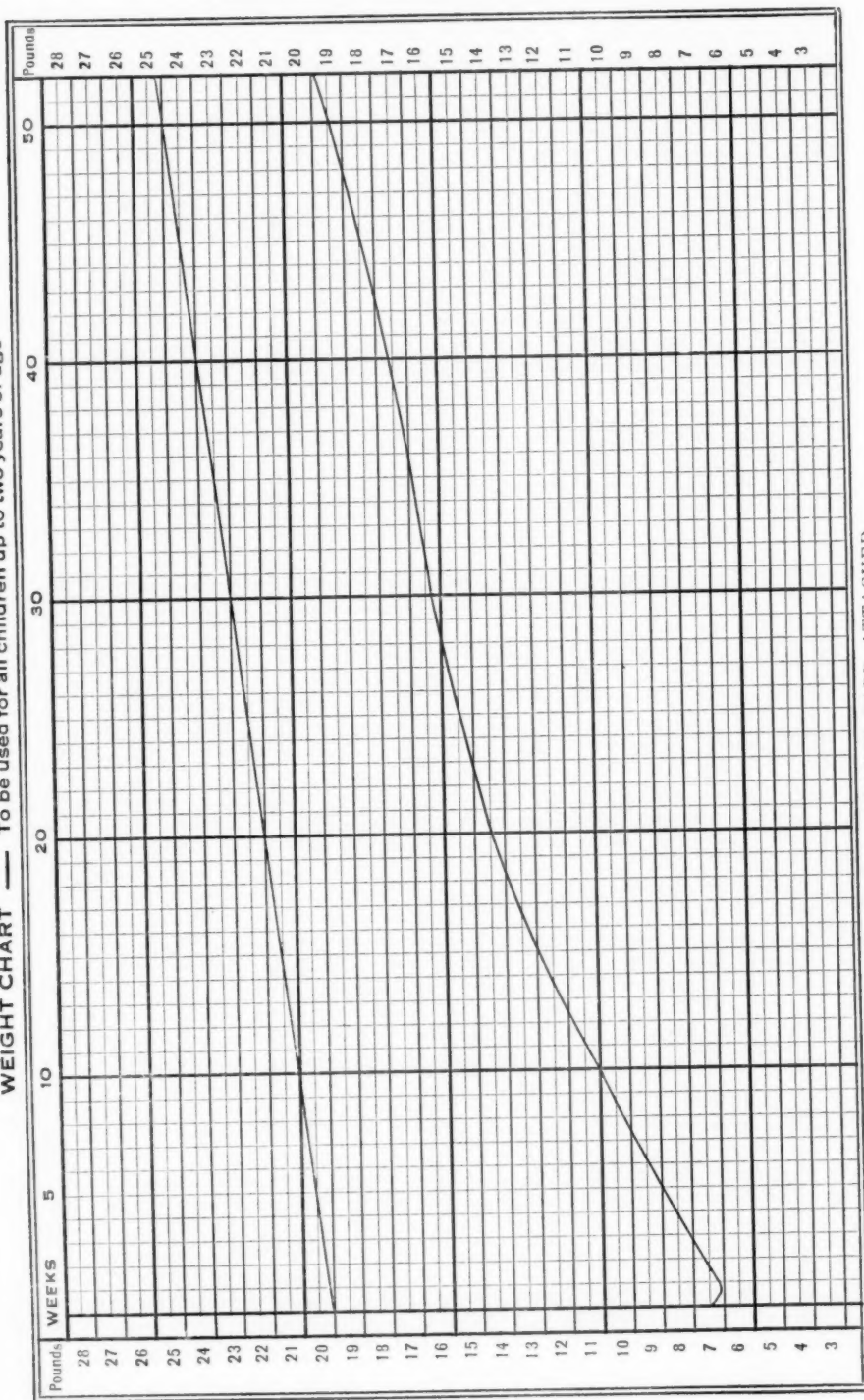
Name		Address		Family No.				
Reported by		Date of First Contact						
Age	Color	Sex	S. M. W.	Date of Final Termination				
Occupation or Trade		Aid		War Risk Insurance				
Sources of Income								
Reported to Health Department								
DIAGNOSIS		DATE	PHYSICIAN	TREATMENT				
Tentative				Previous—	Dispensary Institution Private Doctor Patent Medicine			
Final								
Change in Stage				Present				
Tuberculin Tests								
HABITS		PATIENT		HOME CONDITIONS				
Conscientious	PT	FAMILY	Hrs. in Bed	Cared for by	No. of Rooms			
						Family Caretaker Nurse	Sanitation	Light
Careless			At Work	(Pts. Room House			
						Intelligent		
Ignorant			Baths	Extra	Date			
						Alcoholic		
Destitute								
						Part Destitute		

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4. TUBERCULOSIS CARD

[illegible]

WEIGHT CHART — To be used for all children up to two years of age



7. WEIGHT CARD ATTACHED

the Family Folder as a health record, signifying physical defects. But for any illness, a General Card should be filled out with the school health record clipped to card to show possible relation of physical imperfections to present disease or illness.

This card should not be terminated with each illness, but should be a record of the results of several illnesses, second sheets being added by clips as necessary.

Form No. 5G: per 1,000, \$10.50; per 500, \$5.50; per 100, \$1.25.

Mead & Wheeler Co., Chicago.

6. Prenatal and Maternity Card

(See illustrations, pages 44-45)

The attached card is double. If prenatal care is not given, that part of the card may be cut off and just the Maternity Card used. The increasing amount of prenatal work done by nurses makes it practical, however, to have the double card.

The Prenatal Card is so arranged that it is suitable for a small town or rural Prenatal Clinic as well as a nurse's report card.

As soon as the baby is born, the same card may be continued as a Maternity Card, the case being cared for in the home. This card is, of course, kept in the Family Folder which is filed at the clinic, which is usually the nurse's office as well.

It was thought advisable not to attempt to make one card serve for two or more deliveries for the same patient, but to have a separ-

ate card for each maternity case. This decision was reached because of the fact that clinical conditions vary greatly and the advantage of having a card that could be used in the clinic outweighs the disadvantage of having, after a number of years, several Maternity Cards in one folder.

As soon as the baby is delivered, a Child Welfare Card should be filled out for it.

Form No. 5PM: per 1,000, \$23.00; per 500, \$11.75; per 100, \$2.50.

Mead & Wheeler Co., Chicago.

7. Child Welfare Card

(See illustrations, pages 46-47-48)

The attached card is suitable for both home nursing visits and health station work.

Weights and heights may be recorded and records kept of sick babies being nursed and of well babies being watched as to weight, height and general condition.

This card is not to be terminated at each illness or correction of defect, but is to be continued through the years of childhood. It will, in this way, show at a glance, the correction of physical defects and the results of all illnesses during childhood. A second sheet with a weight chart from two to six years and a further record of visits can be added when necessary.

The weight chart has drawn upon it two lines, indicating the normal weight of a baby. The lower line shows normal weight at birth and the usual increase up to

RURAL SCHOOL HEALTH RECORD

Full Name _____		School Dist. No. _____				
Surname first						
Address _____						
Birth Place	{ Father _____	Date	Age	Grade	Hght.	Wght.
	{ Mother _____					
	{ Pupil _____					
Number of Children in family _____						
Sex _____		Color _____				

PREVIOUS DISEASES

Measles	Diphtheria	Influenza
Whooping Cough	Typhoid	Pneumonia
Scarlet Fever	Infant Paralysis	Bronchitis
Vaccinated Dates _____		

ACTION

DEFECTS DATE

	DATE	R		T		R		T		R		T	
		R	T	R	T	R	T	R	T	R	T		
Enlarged Glands { Lymph Thyroid													
Nervous Diseases													
Skin Diseases													
Defects of Vision													
Diseases of Eye													
Defects of Hearing													
Discharging Ear													
Defects of Teeth													
Defect of Nasal Breathing													
Defect of Palate													
Enlarged Tonsils													
Mentality													
Suspect of Pulm. Disease													

Put X in square under R for Referred to Physician—in T for Treated. Case No. _____

Case No. _____

Name of Child _____ Address _____ School _____

Notification of Health Defect

19

To the Parent or Guardian:

You are strongly advised to take your child to your { Physician
Dentist for examination or

treatment for _____

Signed by _____

This Notice does not exclude child from School

MEAD & WHEELER, CO. CHICAGO, FORM RH

20 pounds during the first 50 weeks. The upper line shows the normal weight from 20 pounds at 50 weeks of age up to the normal weight of 25 pounds at 100 weeks.

The baby's weight should be charted once a week, using red ink, and will plainly show nurse and mother if the baby is gaining or losing according to the normal child at that age.

Form No. 5CW: per 1,000, \$20.00; per 500, \$10.50; per 100, \$2.25.

Mead & Wheeler Co., Chicago.

8. *Rural School Health Record*

(See illustration, page 59)

The attached Rural School Health Record, with the minimum amount of clerical work, makes it possible to leave one record with the teacher to follow the child from room to room or school to school, with other report cards and to keep another record in the office of the nurse for reference, preferably filed in Family Folder for all cases having folders or being visited by the nurse. By using carbon paper, this may easily be accomplished.

The records are made to fit the same holder that the nurse uses for her Daily Report Sheets and, because they are glued together in pads, will not slip in the loose-leaf ring book. This saves the nurse carrying two books or a report book and a bundle of cards, easily lost or mixed with those of other schools.

The card has spaces for the results of four examinations.

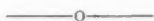
Separate pads of, "Notification of Health Defects," can be printed for inspections after first attached one has been torn off and used.

When School Health Sheets are filed with Family Folder, small stick-ups marked, "School," can be attached to correspond to those of Child Welfare, Tuberculosis, etc.

The sheet is perforated, so that, when torn out of the book, it is the same width as other standard cards for filing.

Form No. RH: per 1,000 sets, \$12.50; per 500 sets, \$6.75; per 100 sets, \$1.50. Ring books priced on Page 1.

Mead & Wheeler Co., Chicago.



Industrial accidents killed 3,400 persons and seriously injured 50,000 in the State of Pennsylvania in 1918, according to reports reaching the United States Public Health Service. Most of such accidents are preventable; many the result of carelessness. Safety First.

A School Sanitary Survey

AN interesting Sanitary Survey was recently undertaken in the Kewaunee County (Wis.) Public Schools, at the suggestion of the Superintendent of Schools and the County Nurse. The Superintendent decided to give credits to the physiology classes for making this survey, and he also is giving credit for the work of the Modern Health Crusaders Club.

The Committee purchased about \$30.00 worth of charts from the Child Health Organization, had cases made for them, and then sent them on circuit to the various schools; six circuits were arranged, with eleven schools on each circuit, and it was so planned that each set of panels should make the round in eleven weeks. Each of the schools was allowed to keep the charts for one week, Monday to Friday, inclusive; during Saturday and Sunday the teacher, with the aid of the pupils, was required to see that the charts were sent on to the next school on the circuit.

The following is a list of panels in the several sets:

A

Rural Highways.
Consolidated Schools.
Country Sanitation
Food and Water Supply.
The Community Center.
Community Playground.
Play Spaces.
Children Need Play.

Guide the Play of Children.
Coöperative Play.
Constructive Play.

B

What to Eat.
What Not to Eat.
Sweets.
The Value of Sleep.
How to Eat.
Correct Breathing.
A Clean Mouth and Throat.
Care of the Feet.
Care of the Eyes.
Care of the Teeth.
Lameness, Blindness and Deafness.

C

Milk
Health and the Commonwealth.
Communicable Diseases.
Disease Prevention.
The Make Believe of the Child.
Why Blame the Bad Child.
The City Dwelling.
Feeble mindedness.
Rural Gardens.
State Must Guard Her Unfortunate.
City Planning is Citizen Building.

D

Child Labor.
Outdoor Play and Tuberculosis.
Tuberculosis is a House Disease.
Tuberculosis and Childhood.
Fighting Tuberculosis in the School.
Posture and Tuberculosis.
The Tuberculosis Family.
Food and Tuberculosis
Open Air Schools and Tuberculosis.
Dairy Progress.
Keep the Doctor Away.

E

Things to Avoid.
The Best Substitute.
Modern Health Methods.
Care of Birth.
Fresh Air and Exercise for Baby.
Feeding the Baby.
Bathing the Baby.
The Baby Asleep.
The Best Food.
Clothing the Baby.
Birth Registration.

F

Taking an Inventory of Health.
 Child Hygiene Bureau.
 Proper Care Before Birth.
 Has Your Community—Welfare Station.
 Trained Health Officers and Nurses.
 Through a Baby Clinic.
 A Living Wage.
 Milk is the Best of All Foods.
 Rules, State Board of Health.
 Minimum Health Requirements.
 Coffee—A Drug.

An outline was printed for the Sanitary Survey, which was directed by the Superintendent of Schools. A copy of this outline has been sent to us by Miss Carrie R. Paddock, the County Nurse, and as we think it may be suggestive to other county and school nurses we publish it in part below.

SANITARY SURVEY OF KEWAUNEE COUNTY PUBLIC SCHOOLS

I. Condition of School Grounds

1. General Condition of the School Grounds.

- A. Area—Sq. ft. Fractional part of an acre.
- B. Does water stand on the school grounds in wet weather?
- C. Is the yard clean? Are there any tall weeds?
- D. Is it muddy around the school house when it rains?
- E. Is the yard gravelled?
- F. Are walks provided to:
 - (a) Road?
 - (b) Pump?
 - (c) Toilets?
- G. How often policed?

2. Playground Equipment.

II. School Buildings

1. School House.

- A. Age of school house.
- B. Material.
- C. Size.
- D. Outside door on Side.
(East, West, South or North.)
- E. Entrance.
 - (a) Steps, material.
 - (b) Size of cloakroom.
- F. Foundation, material.
- G. Repair of:
 - (a) Walls.
 - (b) Foundation.
 - (c) Color.
- H. Interior walls:
 - (a) Painted.
 - (b) Cleanliness.
 - (c) Color
 - (d) Whitewashed.
- I. Ceiling:
 - (a) Constructoin.
 - (b) Dead air space.
 - (c) Height, feet.
 - (d) Color.

J. Windows:

- (a) Storm windows.
- (b) Fly screens, number.

K. Woodwork:

- (a) Kind of wood.
- (b) Finish.
- (c) Color.

L. Blackboard:

- (a) Location as to light.
- (b) Area.

M. Is the floor cold?

N. Is there a draft near the windows?

2. Outbuildings.

- A. Number of buildings.
- B. Location and construction.
- C. Light.
- D. Ventilation.
- E. Cleanliness.
- F. Floors dry.
- G. Disinfectant used.
- H. Is there an odor?
- I. How often scrubbed?
- J. Kind of fly protection.
- K. Marks and writing.
- L. Lock and key.
- M. Supply of toilet paper.
- N. Walks.
- O. Drainage.

III. Water

- 1. Location and construction.
- 2. Light.
- 3. Ventilation.
- 4. City water.
- 5. Well:
 - A. Driven.
 - B. Drilled.
 - C. Dug.
 - D. Protection from surface drainage.
 - E. Nature of soil surrounding well:
 - (a) Sand. (b) Gravel.
 - (c) Clay. (d) Sandstone.
 - (e) Limestone.

- F. Distance from:
 (a) Outbuilding.
 (b) Cesspool (c) Stable.
6. Sanitary Drinking Fountain:
 A. Is fountain in continuous use?
 B. Is it kept clean?
 C. Water tested?
 D. If so, by whom?
 E. Storage tank.
 F. Pressure tank.
7. Pail and dipper.
8. Facilities for washing hands:
 A. Common wash basin.
 B. Sink.
 C. Mirror.
 D. Towels.
 E. Paper.
 F. Roller.
9. Soap.

IV. Class Room

1. Old desks. No..... Condition.
2. Adjustable desks:
 A. Clean.
 B. Color.
 C. Single non-adjustable.
 D. Single adjustable.
 E. Are they properly fitted for pupils?
3. Area of blackboard.
 A. Is the surface glossy?
4. Shades adjustable. Not adjustable.
5. Light admitted from the left. Cross lighting.
6. Area of window glass 1-5 of floor area.
7. Windows: Distance from ceiling; floor.
8. Color of shades.
9. Wainscoting. Color.
10. Ceiling—Material. Color.
11. Color of walls.
12. Area of class room.
13. Position of children sitting in room.
14. Position of children standing in room.
15. Do pupils stay inside during recess?
 What per cent?
16. Kind of floor.
 A. How often scrubbed?
17. Dust in corners.
18. Dust and rubbish in places in building.
19. Ceiling free from dust.
20. Sweeping compound used.
21. Library books free from dust.
22. Kind of chalk used.
23. Method used in keeping down chalk dust.
24. Method used in dusting.
25. Books on sanitation in library.
26. Bulletins on sanitation.

V. Heating and Ventilation

1. Name of system. Year installed.
 A. Open stove.
 B. Jacketed stove. Floor system.
 (a) Diameter of grate— inches.
 (b) Distance from floor to bottom of shield.
 (c) Does the chimney extend to the ground?
 C. Hot air furnace.
 D. Steam system:
 (a) Indirect radiation sq. ft.
 (b) Direct radiation sq. ft.
 (c) Distance from floor to lower edge of the warm air inlet ft.
 E. Basement furnace:
 (a) Location of furnace.
 (b) Area of grate sq. ft.
 (c) Area of radiating surface sq. ft.
 (d) Distance from floor to lower edge of the warm air inlet.
 (e) Disposal of ashes.
 (f) Window boards.
 (g) Muslin frames.
 (h) Rooms flushed with fresh air during intermission.
 (i) Area of fresh air intake sq. in.
 (j) Area of fresh warm air flue or flues.
 (k) Height above floor.
 (l) Area of foul air vent flue, exclusive of smoke pipe sq. in.
 (m) Where located?
 (n) Height above floor.
 (o) Area of smoke pipe sq. in.
 (p) Capacity of water pan qts.
 (q) Area of evaporating surface sq. in.
 (r) Is provision made for heating air in foul air flue?
 (s) Does an anemometer test show that it delivers not less than 15 cu. ft. of fresh air, heated to the proper temperature, per pupil, per minute for the maximum enrollment?
 (t) Is there evidence of smoke in the room?
 (u) Is heat evenly distributed?
2. Tested thermometer.

Section VI of the Survey deals with Warm Lunches; Section VII covers Report on Modern Health Crusader; Section VIII, Health Inspection, covering number of in-

spections by nurse, dentist and doctors; Section IX gives questions in regard to Health Instruction—the number and kind of lectures given, posters used, etc.

X. Temperature of School Room

Time	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	Average
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Average									

XI. Physical Status of Children

1. Number of pupils of school age in District.
2. Number of pupils enrolled.
3. Number of pupils under average weight.
4. Number of pupils above average weight.
5. Number of pupils of average weight.
6. Number of pupils having defective hearing.
7. Number of pupils having defective eyesight.
8. Number of pupils with defective breathing.

9. Number of pupils with defective teeth.
10. Number of pupils with defective speech.
11. Deformities.
 - A. Spinal curvature.
 - B. Lameness.
 - C. Broken arches.
 - D. Infantile paralysis defects.
 - E. Epilepsy.
 - F. Feeble mindedness.

Section XII covers the children incapacitated from attending school, and the cause.

The American Legion Endorses Rank for Nurses.

On Wednesday, November 12th, at its first Annual National Convention in Minneapolis, the American Legion unanimously endorsed rank for nurses.

General Pershing, testifying recently before the Senate and the House Military Affairs Committees sitting together, stated that he is in favor of giving rank to nurses, up to and including the rank of Second Lieutenant.

Public Health and Child Welfare*

BY EMMA MOYNIHAN, R. N.

Secretary, Child Welfare Board of Stearns Co., Minn.

WHEN asked to read a paper on Public Health and Child Welfare, it seemed I had been given two distinct subjects each sufficient unto itself. Yet the two subjects are closely united, since public health depends so much upon the welfare of the children of a community and child welfare cannot be considered without reference to health conditions.

The aim of the health worker is very similar to that of the social worker; one gives ascendancy to the physical aspect; the other lays stress upon the moral and material condition. Any improvement on one side is bound to affect the other.

The entire country is alive to public health at the present time. The amazing discovery revealed by the draft, that 29% of our young men were physically unfit for military duty has had a great deal to do with this interest, and during the past winter, when the whole country was in the grasp of influenza, the inadequacy of our health protection opened our eyes to a grave danger. The activity of the American Red Cross in its

propaganda for public health is another factor for stimulating this interest.

The larger cities have been doing some form of public health and child welfare work more or less successfully for a number of years, but the crying need at the present time is in our rural communities. The money is there to finance this good work and the communities themselves are beginning to realize their need for it. A defective water supply, poor housing conditions, an epidemic, flagrant neglect of little children, a family decimated by tuberculosis—any of these things may have brought home to some little town or village the fact that their health conditions are wrong.

What we lack at the present time is not interest, but nurses and social workers who are born, bred and trained in rural communities. To make a success of this work it is necessary to get entirely away from methods employed in cities. The successful rural worker, if trained in the city, must change her entire point of view—even her personal appearance in some cases. She must keep her desire for reform in the back-ground, making it a side issue, as it were.

*Read at the Annual State Conference of Charities and Corrections held at Red Wing, Minnesota, Sept. 13-16, 1919.

Speaking from experience, I should say that the first step a town should make toward improving its health conditions is the employment of a live health officer. For some reason, the idea of a full time health officer does not appeal to our people. Possibly they fear the office will become one more expensive political plum, but in towns of from 2,000 to 4,000 inhabitants the health officer should receive a salary sufficient to make him feel that he is responsible for the health of that community.

The second step is the engagement of a Public Health Nurse. It is never wise to engage a home town girl, no matter how good her training or how influential her family. Neither is it good policy to employ a nurse who has had no special training in the public health field. By applying to the National Organization for Public Health Nursing, to the American Red Cross or to one of the well established Public Health Nursing Associations for their nurses communities may be sure that they are getting well-trained women with broad vision and a back-ground of experience.

It is absolutely essential that a nurse working alone be responsible to a Board of Directors with whom she may discuss her problems. Such a Board might consist, as in one town I know, of the health officer, the school superintendent, the mayor, the president of the Board of Education and two

representative women of the town. For success and peaceful procedure it is best to keep the board free from sectarian representation. This board should meet with the nurse at least once a month, to keep themselves intelligently informed of her efforts and to assist her in what she is trying to accomplish.

Any city bred worker dealing with such a country board must realize that in any difference of opinion, the attitude of her board represents the attitude of the community. She need not alter her point of view, but must so adapt it as to make a good working basis on which to proceed.

Undoubtedly the best entering wedge for health work in the rural community is through the children in the schools. Our own experience proved the truth of this.

We prided ourselves upon being progressive. We thought we had the cleanest little town in the State. The records at the health office showed that in the last twenty years we had had no typhoid except what had been contracted elsewhere. Epidemics apparently passed us by. Our paupers were so few as to be negligible. There were no midwives and there had been but one known case of puerperal septicemia in the last fourteen years. So, it is not to be wondered at that we were unaware of the presence of scarlet fever until one of three cases in a family of six school children terminated

in acute arthritis. Inspection was made of every child in the three schools, followed by home visits by the health officer to suspected cases. Thirty pupils were found desquamating and in school, and fourteen acute cases were found in the homes.

The parents absolutely denied any knowledge of scarlet fever, though some admitted having seen cases before. These attempts to hide contagion are what makes health work so hard in rural communities.

A hurried call to the State Board of Health brought a physician from the Division of Epidemiology. After one day's work he asked the Board of Education for a nurse. Such a thing was unheard of in Sauk Centre. Better to close the schools and turn the children into the streets with no supervision than to spend a hundred dollars a month on so dubious a benefit. But the doctor was persistent and he finally persuaded them to employ a nurse for six weeks or until the epidemic was checked. This was the entering wedge. She came, she saw, she conquered.

From early morning till late night, the tireless little woman they sent us tramped or drove from one end of the district to the other, advising, comforting and sometimes threatening.

Nearly nine hundred pupils were examined during the first two weeks, besides numberless home visits being made. Many children

in whom the symptoms were doubtful were sent home but the nurse insisted that it was better to exclude four negatives three days than allow one positive to remain one day, and so it proved. In six weeks the daily attendance was above normal, and not a case of scarlet fever was to be found.

Then, as is usually the case, the danger being past, the nurse was dismissed as an expensive and superfluous member of the teaching staff.

School opened the following term with a heavy attendance. Six consolidated districts were sending in eight bus loads of pupils from the surrounding rural communities. The high school had enrolled pupils from three States.

Shortly after the opening, happening to meet the superintendent on the street, I expressed regret that the school was without health supervision. This led to a discussion of school nursing and a visit to the nurse's office, then closed. An excellent system of records had been installed, but was filed away unused and incomplete. At the urgent request of the superintendent and the president of the Board of Education, I agreed to give my mornings to health work in the schools. The following week found me installed.

Beginning with the lower grades, the physical examinations were carried through the high school, and even included the teachers. The basket ball teams were given the same examinations as to heart and lungs that the drafted men were

given, and three were not allowed to play—one with a family history of tuberculosis and the other two with goitres.

Early in the year a list was made of the "repeaters" in the six lower grades. It was found that forty-eight children had been two or more years in a grade. Their physical records were then examined and out of forty-eight, forty were found to have some physical defect.

Fifteen of these children were mentally deficient and are being given industrial training under a special teacher this year. Their mornings are given to simple class work, but most stress is laid upon training the hands.

Taking them in the order of frequency, we found carious teeth, nasal obstruction, hypertrophied or ragged looking tonsils, defective vision, skin lesions, defective hearing, enlarged glands and orthopedic defects.

From eight to twenty out of every grade carried home the little white slips to mother telling of the presence of physical defect and urging her to consult her family physician. Here I might add, that no nurse should diagnose. It is never wise to say "adenoids" no matter how sure you are—merely "nasal obstruction." It may save endless difficulties with touchy physicians.

The gospel of right living occupied first place in our program. We tried with considerable success to stimulate a greater regard for personal neatness. A grade on the re-

port card helped. Particular attention was paid to clean teeth, a clean mouth, the bath, care of the hair and hands, clean nails and clean, neat clothing.

Thirty-two children from poor homes were required to bring a change of clothing each Friday, and were given a warm shower bath by the nurse. Health posters made by the children occupied conspicuous places in the various rooms. The nurse gave talks in a conversational way on anatomy, physiology and especially hygiene. No text-books were placed in the hands of the children. (This year the eighth graders have a very good text-book and three lessons a week.)

An unusual feature of the work was the cafeteria. Some of the bus children left home as early as seven o'clock in the morning, reaching school at nine, hungry and cold. We got permission to try hot breakfasts for these and certain others who were obviously not properly fed at home. Oatmeal was bought in bulk, and cream was served with it, as fats were high that winter and the poor always stint on fats. It was surprising to notice the improvement in class work among the children of this group. Out of this small beginning grew the hot lunch at noon. One hundred and fifty pupils now eat in the school dining room, and hot lunches were served from November first till Easter vacation.

With the help of the domestic science teacher, but under the supervision of the nurse, a hot beef stew,

macaroni and cheese or scalloped potatoes, vegetable soup or baked beans were served at the nominal charge of two cents per large helping. Whole milk was sold at two cents per glass and home-made cookies and doughnuts at a penny a piece. They were baked by an old lady near the school for fifteen cents a dozen. The lunch room had visitors from far and wide and we were immensely proud of it.

There was no charitable organization in this little town, so when we realized that there were cases in dire need we marshalled our bridge-playing friends and soon needles were flying in little petticoats, warm underwear and made-over coats. Now we have a branch of the Sunshine Society which gladly assumes responsibility for these little ones. The city council provided shoes and even paid for glasses and for the removal of tonsils and adenoids in several cases.

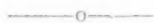
Heeding Miss Gardner's warning that a nurse should not be a dispenser of charity, we were still able,

through this outside society, to see our small charges warmly clothed and well fed.

At the end of the term the president of the Board of Education expressed his satisfaction with the work, saying that he "had honestly thought it would be money thrown away when asked by the superintendent to employ a nurse." He realized, however, that below the shining surface was an undertow of dirt, disease, and poverty, that was surely pulling down the fine educational work done in our schools for these children.

It would take hours to tell what we found in the homes. In one instance, eight people were sleeping cross-wise in two beds; in another, a home visit to an absent child revealed an expectant mother badly in need of medical care trying to cure herself with Rocky Mountain tea.

The field for public health work even in towns of three thousand to four thousand is such that a nurse may spend all her waking hours on her district if she will.



"No substantial advance can be made * * * in the practice of Preventive Medicine apart from the will of the people, which can only be guided rightly by knowledge and practice in hygiene."—Sir George Newman.

Children's Year in Salem, N. J.

BY BERTHA H. BECHT, R. N.

Nurse in Charge, Child Welfare Station, Salem, N. J.

ALTHOUGH Salem County as a whole did not awaken to its opportunities in the Children's Year, Salem City did. A Child Welfare Committee, formed as a part of the Woman's Council of National Defense, carried on the examination of the children and as a result of a canvass in the interest of this work, a third of the mothers responded. There were many defectives and many cases of under-weight, especially in the babies under one year, and this showed what a splendid thing it would have been to have had a nurse then to follow up the cases.

The Committee was a most interested and energetic one, with a most interested chairman, who urged and was the instigator of the plan for a nurse, and, the examination over, funds were collected and steps taken to get some one to take up the work, which was started on January 3rd, 1919. Records and equipment were procured from the State Department, Division of Child Hygiene. It was found both good and practical to start work by the following up of those babies and pre-school children discovered through the examinations as being in need of attention.

This brought the nurse into homes where there were young babies and many expectant mothers. The people were very conservative and the work was so entirely new (the only previous experience having been with a district nurse several years before) that people generally disliked having their daily equilibrium at all interfered with for any reason, and certainly did not want to be disturbed on account of health, and about babies. The first questions asked were "Ain't you married?" "How many children you got?" "You ain't married, ain't got no children—Law's sake, what do you know about babies?" Such questions, however, gave mirth to the situation. There were others, who, in their antagonisms, were not the pleasantest to deal with; but after some discouraging days there was a satisfactory summer, in which there was only one death due to gastro-intestinal causes, in comparison to 14 deaths last year during the months of April and October, of babies under one year. The people now put on the square diaper, some have been persuaded to give the baby a tub

bath, others to throw the pacifier away, to give their baby a drink of water thrice daily, and to come to the Welfare Station to weigh their babies and take their card home to show Daddy the gold star for each month of breast feeding and for each month's attendance.

The Welfare Station is a single, two room building, ideal for the purpose, in the centre of the city.

The nationalities are American, large numbers of colored, Russian, Polish and a few Italians and Greeks. Experience shows that it is not only amongst the foreign element that educational measures are required, but that they are badly needed and often least accepted by some of our own American born people, some possibly of "May-flower" origin.

Conference of the American Child Hygiene Association

BY JANET M. GEISTER AND ZOE LA FORGE

THE tenth annual meeting of the American Child Hygiene Association, formerly the Association for the Prevention of Infant Mortality, and the first under its new name, was held at Asheville, N. C., November 11 to 13, 1919.

Two dominating thoughts impressed themselves with emphasis upon the minds of those who attended the conference. First, the vigor of the response to the call for child conservation and the many practical ways in which it is manifesting itself made it evident that the era of the child has come. He is recognized as our potential citizen and he is treated with the respect and consideration that, as such, he is entitled to. Second, the whole hearted attention that is now being directed to the needs of the rural child made it equally evident that the rural child is coming into his own.

The child has been recognized for many years by agencies organized to work in his behalf. But recognition on a national scale—recognition as a national asset by the mass of people, was exceedingly slow in coming to him.

When the need for conserving the nation's power was brought home to us we turned to its primary source—the child. The heroic efforts of our allies in conserving their future generation under the cruel handicap of war waged in their own lands, made us realize how great was our opportunity and our obligation. A nation wide appeal was sent out by the Federal Children's Bureau and the Woman's Division of the Council of National Defense, endorsed by earnest individuals and agencies which had long worked for the child. The response was typically American; spontaneous, generous, willing to do more.

The first fruits of this wider and more intelligent interest in the child were manifest in all sessions of the conference. The papers and discussions pointed to newer and more varied activities, and tangible results that had been brought about, or were about to take form, were explained. The child was not placed on a pedestal but he was brought out from retirement, placed squarely on his feet, and the light of sympathetic research turned upon him.

A notable incident of the conference was the frequent reference to the responsibility of the community toward the child. Of tremendous significance is the trend toward Federal, State, municipal and county action in child conservation. When legislators definitely tax the citizens of their communities for the conservation of childhood, then we realize that child welfare is no longer considered a beneficent charity but is rightly considered a nation's necessity and obligation.

Thirty-one States have established divisions of Child Hygiene; innumerable municipal and county boards have child welfare activities; four States provide dental care for their children; several States not only point out the physical defects of their children but also provide a means by which these defects may be corrected at a small cost or free of charge. There is now a move under way to bring Federal aid to the protection of mothers and children throughout the country.

It was noted and remarked by

members of the conference that the constant references to the problems of the rural child were indicative of an exceedingly healthy concern in him. He has at last emerged from an over long isolation; an isolation for which our national indifference to and ignorance of his needs was responsible. Now an intelligent minded public is eager to insure for him a better start than his brother had before him.

The rough gap that has existed between the infant and the school child has been closed. The child of 2 to 6 is not considered an addition to the program but a part of it. The child conservation program of today extends in an unbroken cycle from the prenatal period up through the school years.

The address by the President, Dr. Josephine Baker of New York, was presented at the opening session on Tuesday morning. Dr. Baker presented the new developments in the program of the American Child Hygiene Association as significant expansion under its new name. The Association proposes to raise \$50,000, to be used chiefly in the employment of field secretaries who shall assist local organizations with like functions in developing and co-ordinating adequate programs for child hygiene and welfare. Twenty thousand dollars has already been contributed by the American Red Cross, and the remainder is to be raised by increased membership and special contributions.

Dr. Baker called attention to the pioneer work of the Association when ten years ago it was organized under the name of American Association for the Prevention of Infant Mortality. At that time only one bureau of child hygiene existed in the United States—that of New York City. The efforts of this Association to study and promote those types of public and private activities which result in the lowering of the infant death rate have made their imprint on the times. It is evident, however, that instead of the work having been finished because of the recognition of the importance of the prevention of infant mortality, it has only begun to enter upon the larger field which concerns the protection of child health for all years.

Though the death rate of infants and young children has shown some reduction in the past few years, this is not true of the maternal mortality rate. Of sixteen of the largest nations in the world the United States stands fourteenth in respect to the mortality of mothers from accident and diseases at childbirth. This maternal mortality is almost wholly preventable. The reason it is not being prevented at the present time is not because public health officers and public spirited professional men and women do not know the methods, but because the impetus which must be given public opinion is lacking.

The program of work includes also the child of pre-school age and

the school child. Interest in the child has been stimulated. The work that remains to be done in this country is primarily the work of organization.

Concretely, the success of the American Child Hygiene Association must lie in its ability to so focus the attention of the people in every community of the United States upon this problem of child health, that there will arise a stupendous demand for the creation of those governmental activities which alone can assure the good health of the community, particularly of the children.

The part of the Public Health Nurse in the program of child conservation was a prominent factor in the discussion. In every plan of work, Federal, State, municipal and county, the Public Health Nurse was considered of primary importance. The problem of the need of well trained women for rural work was frequently discussed. Dr. Merrill E. Champion of Massachusetts asked, "How are we to get the best type of Public Health Nurse to work in the rural communities? Such work requires a broad foundation, a woman who can work without direct supervision, a woman of mature judgment. How are we to get her away from the city into the country?"* Mrs. J. T. Dillon, of West Virginia, answered that better liv-

*Dr. Champion's paper is not summarized here, as it is hoped to publish it in full in a later issue.

ing conditions and better salaries would have a salutary effect upon the situation.

It was suggested, too, that it might be dangerous to transplant the city nurse without comparing her qualities and personality with the needs and idiosyncracies of the community to which she is to go. It would be fatal to begin work in a rural community, where there is always more or less conservatism to overcome, if the nurse does not have a sympathetic knowledge of the needs of that work.

Of special interest is the Federal and State work in dentistry that is now being instituted. West Virginia has been selected by the United States Public Health Service as the ground for conducting an experiment in dental work. Major Harry B. Butler has been in charge of this experiment. With a portable dental outfit he has been traveling in that State making examinations and giving treatments. Major Butler described this equipment as a collapsible, inexpensive outfit, sufficiently light to be carried to any portion of the State. This description was attended by keen interest, for the venture of the dentist going to the child if the child cannot go to the dentist marks a new era in dental work. Major Butler placed great emphasis on the educational value of these clinics, and cited several instances of remarkable benefit derived by school children after they had received some very necessary

dental attention. He asserted that mouth hygiene is no longer a matter only of personal health, but it is as important a factor in the general public health as the installation of a good sewer.

Dr. George Cooper of the North Carolina State Board of Health told of the rural dental and surgical clinics of that State. The State law requires that all children have physical examinations. It is the conviction of the State Board of Health that not only does its function include pointing out the defects of the children but it must also provide a way for the correction of these defects. Therefore, it is the practice of this Board to employ specialists to operate and give treatment to groups of children that have been brought together by the nurse in any community. These specialists are paid \$100 a day and all expenses. These men, free to give the entire day to the work that has been planned by the nurse, can accomplish an amazing amount of work in this time.

The question of fees brought forth an interesting discussion. Dr. Cooper stated that the effort of the State Board of Health is to break down any tendency to classify the patients into "charity" and "pay" groups. The fee is made as low as possible in order that the majority may participate. A top fee of \$12.50 for tonsillectomies is charged. The State Board of Health reasons that if 75% of the patients pay this fee the clinic will

be self-supporting. A good nurse can so arrange a clinic group in planning for the services of a good physician that the work can be absolutely without financial assistance on the part of the State. It was suggested that this method of fees might not be entirely acceptable in other communities.

Dr. Cooper found in his work throughout the State that about 80% of the children needed attention. Less than 5% of those seen had ever been to a dentist. The traveling dentists of that State see the children between the ages of 6 and 12 years. In a period of 18 months 20,000 children have been reached. It is estimated that the cost of maintaining a dentist and his equipment is about \$4,000 annually.

Dr. E. J. Hueneckens of Minneapolis gave an enthusiastic account of the work of the Minnesota rural clinics. These clinics have been in operation for about two years and have been a success from the very first. They were supported at first by the State, but owing to the failure of the last legislature to appropriate funds for the continuation of the work, they are now being carried on by the Minnesota Public Health Association, a private association, in conjunction with the Northwestern Pediatric Society. The work is being conducted on practically the same lines as when it was under the supervision of the State Board of Health. Begun on a very small

scale in small towns in the State the work has steadily progressed and now is being conducted on a larger scale than ever before.

From August 1 to November 1, 1919, 60 clinics were held with an average attendance of 45 individuals. Out of 3,500 children seen, the majority of pre-school age,—

60% received recommendations regarding diets.

12% received recommendations regarding operations.

6% received recommendations regarding teeth.

15% received no recommendations.

These clinics are conducted entirely by the physicians employed by the rural clinics. It has not been found practicable to employ local physicians; the full time, paid physician is the best solution of the problem. The specialists who are engaged by the day to operate and treat children are paid \$25 daily and all expenses. The work is done as nearly as possible along county lines and in returning to a county the route is chosen according to towns that have not been visited before.

At the conclusion of Dr. Hueneckens' paper a suggestion was made by Dr. Rude of the Federal Children's Bureau that a better terminology be devised for this health work. The word 'clinic' inadequately describes what is being done. "Health center," "health conference," "consultation station" are terms that are more accurate

and have a less formidable sound. Dr. Rude told of the need for more rural work and emphasized the need for protecting childhood by caring for motherhood. In rural surveys made by the Children's Bureau in six different states, out of 3,000 women interviewed, only 5 had had prenatal care that could be called adequate. Dr. Rude called attention to the proposed Maternity and Hygiene bill as a means by which mothers in rural communities could be reached.

The rural clinics conducted by State departments are frequently institutes for local physicians when private cases are brought for consultation or examination; again, the local physicians are invited to attend and observe procedure and practice of specialists in the various fields in the conduct of these special clinics. This was suggested as one of the most effective means of interesting the general practitioner in the modern "socio-medical" program for infancy and childhood.

Miss Sara B. Place, superintendent of the Infant Welfare Society of Chicago, gave a general outline of welfare work for the child from 2 to 6 from the view point of the city. Miss Place did not ask for the inclusion of this child in the program of child conservation; she took for granted that his inclusion was understood. The machinery for work for children from 2 to 6 is in many instances already before us. The limitations that have

been placed on this machinery have been due to a lack of knowledge of the need for help on the part of the family group. Coördinating and developing existing agencies is a vital need in the program for work with the child of pre-school age.

A question by Miss Place brought forth an interesting discussion. "Who should instruct the mother in the dietary of the child—the doctor, the nurse, the dietitian, or all three? Should the nurse who has had nothing more than the dietetics course of the training school be considered the best teacher, or the physician, who has had food values included in his curriculum, or the dietitian who knows food values but who may not know the conditions surrounding the family?" The consensus of opinion appeared to be that all three should participate in directing the diet—that by close coöperation a workable plan would be found.*

Teaching the mothers diets in the home instead of in groups in the station has also proved more satisfactory. While some authorities believe that the station method of teaching is best, the Chicago Infant Welfare Society has found the mothers more responsive when the lesson is brought to them in their own homes.

Miss Julia C. Lathrop, Chief of

*An interesting note on teaching of dietetics is included in the article "Health Week in Easton, Pa.," published on page 79 of this issue.

the Federal Children's Bureau, outlined the provisions of the revised Maternity and Child Hygiene bill. A federal appropriation of \$480,000 is asked for, \$10,000 to be apportioned to each State adopting the provisions of the bill. This bill follows the precedent established by the Smith Lever bill providing for federal appropriations for State work when the State appropriates a like amount, and like the Smith Lever bill, is primarily for educational extension. This measure would bring to the woman on the farm modern knowledge about the care of children and her own care during pregnancy and confinement. It would stimulate the development in rural areas of:

- Public health nursing;
- Consultation centers for mothers and babies;
- Hospital care for mothers in remote districts;
- Courses of instruction in maternal and infant hygiene.

A serious objection to certain requirements of the bill as it was introduced in the last session of Congress has been removed. Instead of providing for a newly created board of administration in each State, the new measure provides that the work can be administered through an existing department of child hygiene.

The paper on "Psychiatry with Special Reference to Children of School Age" by P. A. Surgeon, Walter L. Treadway, of the

United States Public Health Service, was received with keen interest. Dr. Treadway placed emphasis on the need for checking up the anti-social traits as they develop in very young children in order that better mental and physical balance be attained in later life. Because school constitutes so important a period in the development of a child's personality and because the dominant symptoms of a number of well recognized types of mental disorders may be considered as perversions of certain traits of character common to all children, teachers, medical inspectors of schools, and others concerned with child hygiene problems, should learn to recognize faulty traits of character in developing children.

Those concerned with the welfare of children should ever bear in mind that the impulsiveness and ever changing activity of a number of so-called fidgety children are but symptoms of mental fatigue. Normal children are active, impulsive and inquisitive. This is Nature's method of education, and children, therefore, should be allowed to exercise these mental traits. Rigid discipline tends to curb natural activities, which then seek outlets in other more or less roundabout ways. Disciplinary measures should follow the form of substituting desirable activities for undesirable ones.

Children are frequently encountered who form a marked attachment for father or mother or the

teacher or for some older child. In a number of instances such attachments are but a manifestation of the spirit of selfishness and self-aggrandizement. It is a well observed fact that the crystallization of these traits of character ultimately results in the development of an egotistic personality and indeed have long been termed by some authorities as the epileptic temperament.

Though children are not naturally resentful some children do harbor resentment when their power of self-assertion has been stunted through following the lines of least resistance in settling childish disputes and discords, instead of meeting them frankly and squarely. Children of this type are given to so-called day dreams and reflections over supposed wrongs. For this reason the real or fancied wrongs of children should be settled without delay and the child should be encouraged to make confessions of his feelings and desires.

The wise teacher or parent should note exclusiveness in children and the tendency of older children to leave them to this fate. When the child has reached the period of adolescence, these traits have become crystallized into a personality which has been termed "shut in" type. There is no longer any question that the shut in type of personality serves in the genesis of a chronic mental disorder

known as *Dementia Praecox*. In the prevention of this type of warped personality, the child's régime, including play, should be so adjusted that other children will recognize the needs of these unfortunate ones and encourage them to take their place among others, thereby developing the stunted social traits so that they may eventually exercise a reasonable degree of self-assertion.

Dr. Paul V. Anderson of Richmond, Va., in discussing Dr. Treadway's paper stated it was most important to develop the play instinct in the "shut in." Puberty is the critical time in the child's life. That is the time when they dream dreams and is the time when they need attention more than at any other time. They should be watched then for symptoms of mental weakness. The nervous child should be taken out of school. One of the best things to do for the nervous child is to give him something to do that he can finish.

The various types of traveling health conferences, now gaining rapidly in popularity, were discussed. A paper read at the conference by Miss Janet M. Geister describing the car put into operation by the Federal Children's Bureau appeared in the December issue of *THE PUBLIC HEALTH NURSE*.

Miss Zoe La Forge presented

the 1919-1920 program for the National Organization for Public Health Nursing.

The resolutions presented by the secretary of the Association, Dr. Helmholtz, at the close of the session on Thursday, November 13,

were acknowledgments of the hospitality of the local medical society and the citizens of Asheville.

Dr. Phillips Van Ingen of New York is the next president. The next conference will be held in the fall of 1920, in St. Louis, Mo.

A Remarkable Italian Teacher

BY EDNA L. FOLEY, R. N.

*Chief of Section of Public Health Nursing, Department of Tuberculosis,
American Red Cross in Italy*

THROUGH the good offices of one of the members of the National Association of Italian Nurses I recently talked with a remarkable Italian woman who is to lecture to our students.

Prof. Guglielmina Ronconi was a teacher of literature and history in the Scuola Normale, which corresponds to our high school. Ten years ago she went to preside at a meeting where prizes were being distributed to children, and the principal of the school asked her to say a few words to the parents, of whom there were nearly a thousand present. A bit frightened, she began to talk to them about education and what it meant to their children. When she stopped, the women crowded about her with questions and finally asked her if she would come again, and when. Now she holds meetings, usually on Sundays, in one of five large schools, talking only to mothers and young girls. Sometimes she goes out into the Campagna and

talks to the contadini when she finds a little group of them gathered together in the sheds where they thresh their grain. Occasionally, a priest will announce her talks at mass or the women themselves tell their neighbors. She loses no opportunity to reach the very poor, for these are the people for whom her work is done.

She calls her work "Vita Morale"—moral life—right living, as we might say. Instead of resenting her preachments, she has so much sympathy for and understanding of her audience that the women respond most eagerly and pack the halls. There is a good deal of loose living among the very poor, thousands of children are born out of legal wedlock, or the couple contents itself with a church ceremony, whereas the State recognizes only the civil marriage. An old tradition that the man remains more faithful to his lover than to his wife helps this state of affairs and, naturally, desertion of

families is a more or less simple thing to men who are not restrained by any legal ties whatsoever. Therefore the real sufferers are the children, here as elsewhere.

The talks planned for the mothers are couched in the most simple, attractive language possible, and appeal is made to both their maternal and patriotic pride. Signorina Ronconi's programs are most suggestive. The talks to mothers are entitled "The Government of the Family" and are subdivided into the following topics:

The Family of Today.

The Care of the Body.

The Woman and the Man.

Laws, Human and Divine.

The Family, the Real Norm of Human Society.

The Necessity for Education, as Taught by the War.

The Effects of Grief, of Revolution, of Work.

The Reward—a New Life—"Vita Nuova."

In another series, similar talks are prepared for children, and these, much condensed, are given to students in professional schools. The talks to our students made a new outline necessary and her topics for them are: The Nurse and her Mission; the Virtue of Persuasion; the Psychology of the Sick; Knowledge and Information Indispensable to the Nurse. This brief series of five talks was planned with the assistance of the National Association of Italian Nurses, at whose request it was prepared. Signorina Ronconi has summarized her talks as follows:

I. The Nurse and Her Mission

The mission of woman here on earth in the family and in society implies help for the weak. A sick person, no matter what the sex, age or condition, is always weak.

No one better than a woman can appraise the human body—recognize the mysteries of its laws.

A woman better than a man can know the price of a single life, for she is the one who creates and cares for the new lives.

The nurse is the ally and the substitute for the mother.

Theory and practice are not sufficient to develop a good nurse, however; it is necessary to have love to inspire constant altruism, dignity to elevate the profession to a true mission, and a spirit of religion to elevate the mission to an act of pure and high ideal.

II. The Value of a Persuasive Word

The nurse should know how to persuade and how to conquer the will of the patient. The value imparted to the word of advice, a reminder, a regulation, the narration of an example, when the speaker has the gift of eloquence.

To know how to add to the imagination and self respect of the patient the virtues which he should have—and which he may easily gain—or which he has and should not abandon—the power of suggestion—the *sursum corda*.

III. The Psychology of the Patient

The nurse will not be successful if she does not understand or cannot divine the psychology of the patient.

Psychology of the patient depends on:

- (a) the sex
- (b) the age (from childhood to old age)
- (c) the social condition
- (d) the disease from which he suffers

To know how to understand with loving intelligence—not to pity with offensive sympathy.

The new principles of human charity.

IV. Knowledge and Information Indispensable for the Nurse

1. Institutions for the aid and protection of infancy.
 - Maternity insurance
 - Maternity homes
 - Children's hospitals
 - Dispensaries
 - Milk stations
 - Institutions for small children with rickets, tuberculosis, for blind, deaf and dumb, and deficient children (schools and shelters).
2. Institutions for children and youths.
 - Orphan asylums
 - Reformatories
 - Asylums
 - Sea shore homes
 - Mountain colonies
3. Charity organizations for adults.
 - Hospitals (special wards)
 - Asylums
 - Sea shore homes
 - Dispensaries
 - Special clinics
4. Help for aged people.
 - Dispensaries
 - Shelters
 - Monthly subsidies
5. Community kitchens.
 - Free medicine
 - Clothing.

The good nurse should know about all other forms of social aid and in case of need act as secretary for the patient.

At one of her first meetings, a clerk employed in the jail asked Signorina Ronconi why she neglected to talk to the women in the prisons. This gave her a new idea and now, like Elizabeth Fry or John Howard, or both, she goes regularly to talk to the women prisoners in different places. In Perugia there are nearly three hundred life-sentence prisoners and since she has been talking to them

the warden reports a very marked improvement in their behavior. We were a bit sorry for this large group, shut out forever from the joys of an Italian sky, and asked what they had done. Murder seemed the favorite diversion, one woman having disposed of three husbands. In order to despatch one, she waited every night for three long years in a solitary corner of the Campagna, and finally he came. And yet people say that the Italians are inconsistent and fickle!

During the war, Signorina Ronconi spoke very often to the soldiers. In fact, she was in Treviso just after Caporetto, when the town was being shelled daily. She was talking to the women and in her audience was a soldier, a deserter. He was so inspired by her appeal to the women to stand by their country and firmly behind their soldiers, that he returned to his regiment. Just before the great victory of the Piave, this soldier got a group of his companions about him and told them what he had heard "La Donna" say to the women of Treviso.

Signorina Ronconi's talks are really pure ethics, reduced to their very simplest terms. Love of home, of family, of country and of God are her constant themes, although she does not introduce any political or religious bias whatsoever. She has really developed a philosophy of right living that is applicable to any group in society and worded for the simplest minds.

In addition to these talks, she gives a six months' course to school teachers who wish to help her in addressing meetings and teaching children. She is a bit of a propagandist for Italy, but, given her really very unusual personality, the same work would mean a lot to any country. If she lectures as well as she talks and writes, I do not wonder that her fame has spread among the crowded districts of Rome. Next month in San Lorenzo, one of the most congested quarters, the women are planning to celebrate the tenth anniversary of her first talk to them. They are going to have a procession and a banner inscribed "La Vita Morale." When the banner is done, the date of the exercises will be announced.

Dr. Richard Cabot once provoked discussion when he said that one could not teach morality. I thought that I agreed with him, but given Signorina Ronconi's personality, which simply radiates the beauty of an unselfish life led wholly for others, her devotion to Italy and her love of teaching, a sincere woman could teach almost anything. Goodness is uncommonly attractive as taught by this new apostle of righteousness. Perhaps the most unusual thing about her work, is the quiet way in which it is done. She has no publicity, she does not exploit the poor by proclaiming them as hers, she is in the employ of the government as a school-teacher, although now it devotes all of her time to this in-

stead of to her former subjects. She is a cross between a university extension, an ethicist and a social reformer. Her latest effort is to get the government to withdraw its war-widows'-pension-restriction clause. A soldier's widow who remarries, loses her pension. There are about 300,000 such widows in the class Signorina Ronconi is trying to help, and consequently, to save the pension, they are not re-marrying but are quite openly living with prospective second husbands. Desertion is no crime when committed by these men and the inevitable consequence of such a law is that there will be many illegitimate children in the near future. But the loss of the pension in these hard times is a serious matter, therefore Signorina Ronconi is trying to have this clause repealed. Her university extension work consists of talks on many topics, for with the aid of some friends who give the concerts for her she explains music and talks about the composers. With some films that Captain Merriam of the American Red Cross left her, she discusses homely but useful helps to right living—bread, milk, farming, manufacturing, etc.

If she were a Montessori, I suppose that she would be known in two continents by this time, but she is really more like the majority of her fellow country-women, toiling alone and every minute for the welfare of her less fortunate sis-

ters. She is really quite wonderful. An hour with her is marvellously stimulating. Perhaps if she understood publicity methods,

she herself would be better known, but her work might be less effective. The spirit of personal service seems personified in it.

The Frenocomio of Reggio-Emilia

BY ELNORA THOMSON

Director, Course in Public Health Nursing, Chicago School of Civics and Philanthropy; formerly member R. C. Tuberculosis Commission to Italy

WHEN starting on a mission for the American Red Cross you do not realize what great privileges are to be yours. You go in a spirit of service, hoping to serve not only the country to which you have been assigned but also in some way your own, and expecting to teach. In the end you hope you have served, and you know you have learned from those you have come to know. At least this is true of service in Italy.

As an ordinary tourist in any country one meets other tourists and transients. As a Red Cross worker one meets the people who really represent the nation in which one is serving—people interested in the social development of their country as we are interested in ours. It was my privilege to visit a hospital for mental patients at Reggio-Emilia, with the niece of the director, an unusual young woman who is not only a member of the Committee having in charge the course for Public Health Visitors, which has been given under the direction of Ameri-

can nurses in Genoa, but who also became one of the most faithful of the students. She is one of the women in Italy who will go far in developing nursing in that country.

This hospital was founded in the 12th century for the care of leprous patients. In the 16th century it was enlarged to receive invalid cripples, the epileptic, the deaf and dumb, the old and the paralyzed. In 1536 the first mentally ill patients were received, and from that time on more and more mental patients came to the institution, and in the early part of the 18th century these were completely separated from the other patients. In 1754 the Duca Francesca II issued a decree that it should be used for mental patients and since that time it has been, except for very short periods, entirely devoted to their care.

In Reggio some of the original buildings are still in use, and it is surprising how well they lend themselves to the transformation necessary for modern uses. The old stone walls and floors are en-

tirely satisfactory; about all that is necessary is the cutting of additional windows and the installation of plumbing and lighting systems. Like practically all buildings, ancient and modern, in Italy, each building has its court. Here the courts are large and airy. There are fifteen hundred patients in the institution, and the day we were there they were practically all outdoors. I was impressed with the practicability of these courts, especially for certain types of patients. Protected as they are from the wind, they are used in both winter and summer. The grounds are very extensive, the buildings—there are fourteen—are scattered and consist of thirteen large cottages and a larger central building in which are the offices, laboratories and officers' quarters, with wards for the patients in the portion at the rear of the court. The equipment is modern; they use hydrotherapy, electrotherapy, mechanotherapy and occupational therapy. The laboratories are excellent, and seemed to be much used. There is a large and apparently up-to-date library in which we were shown American books and pamphlets. An exceedingly interesting place was the museum, in which were many specimens, among them the skulls of criminals of whose crimes we have read in our histories. It was here, more than anywhere else, that we realized how many years men had labored in their effort to solve the problems

upon some of which much time and energy are being spent even now.

The physicians whom we met are most intelligent and seem intensely interested in their work. One was an exceedingly clever and attractive young woman. The Director, Dr. Giuseppe Gucciardi, has been there many years and is entirely devoted to his work, as is his wife the Signora Virginia Gucciardi Frastri. The Signora is quite prominent in public life and has written rather extensively.

There are about 200 men and women attendants who did not compare unfavorably with our own attendant group. Certain lectures are given them, but no regular course.

The patients appeared to be well cared for, they were clean, as were also the wards. I was constantly impressed with the similarity of their problems to our own, perhaps this is because one anticipates differences and is, therefore, more impressed with the similarities.

They have been doing an interesting thing here, since the second year of the war. After the disaster at Caporetta there was a great increase in the number of those suffering from various disorders, and a demand came for volunteer nurses in the hospitals caring for these cases. (Italian women had responded quite wonderfully to the call for workers in the surgical wards.) The Director at Reggio decided to organize a course of instruction for young women who

would go in for this new branch. The beginning, we were told, was very difficult, it was all so very new and strange, but finally it proved very satisfactory and these volunteer nurses greatly increased the comfort and happiness of those patients with whom they came in contact. It is a question if now, in peace time, the courses will continue, but at least they have given

another group some understanding of the needs of the mentally ill.

Our visit was too brief for more than a glimpse of the institution, but long enough for us to appreciate the character of the work being done there, and for us to become the recipients of such courtesies as I believe only come to one in Sunny Italy.

The Bureau of Information for Nurses

SUPPOSE you are a registered nurse, with your discharge papers from the Army or the Navy now six months' old. Suppose you have had a long vacation, and have slept late in the mornings almost to your heart's content. Suppose you are eager to get back to work again, but wholly undecided where to look for "just the right kind of a job." Do you know that the Bureau of Information for Nurses, established by the American Red Cross in coöperation with the American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing, stands ready to take care of just such demands as you may choose to make upon it? Organized in February, 1919, to help nurses returning from war service to reënter those fields of nursing which they left, or to take up new phases of the profession which might interest them, the Bureau of Information now offers upon personal or

written application its nation-wide facilities for advice to all nurses, whether interested in public health nursing or institutional phases of the profession. "Jobs for nurses, and nurses for jobs" is still one of the objects for which it is maintained.

When your letter of application arrives at the Bureau of Information, 44 East Twenty-Third Street, New York City, if you have signified an interest in public health nursing, it will be referred to Miss Jane Hitchcock, Chief of the Division of Public Health Nursing, whom you may remember as Superintendent of Nurses of the Henry Street Settlement, New York City. If you are a Public Health Nurse of broad training and experience, she will tell you immediately of positions which are now available in all parts of the country for women of your qualifications. The files of the Division of Public Health Nursing show that in eight months 1,274 nurses'

names have been entered in this Bureau, and that 366 different organizations have applied to this Division for personnel. During March, 32 visiting nurse associations alone asked for nurses. Since its establishment, this Division has referred approximately 1,400 Public Health Nurses to the National Organization for Public Health Nursing."

With regard to preliminary education of the 1,274 nurses registered in this Division on September 15, 1919, 11% had had only grammar school training; 20% have had college, normal or private school education; 69% have had high school training (of this number over half are graduates). With reference to their preparatory training in public health nursing, 117 have had courses in public health nursing in their training schools; 75 have had post-graduate courses; and 524 are experienced in public health nursing.

One of the most active phases of this Division has been to assist nurses to receive the training in public health nursing which would enable them to enter this field, through interesting visiting nurse associations to accept candidates on their staffs, and through calling the attention of applicants to the post-graduate courses in public health nursing, and to the Red Cross Scholarships and loan funds established for this purpose. Perhaps the greatest service which this Division has rendered to the returning war-nurse however, in

addition to helping her re-adjust her mind to the changed conditions which prevail in the United States, has been to bring before these women the attractive phases of public health nursing, with its healthy and constantly varied outdoor life; its intimate, helpful contact with people genuinely interested in the betterment of health; its opportunities for the nurse to have her own fireside and garden after her eight hours work are ended; its remuneration which is now being constantly raised; and lastly the high place which the Public Health Nurse holds in the community, of which she becomes a beloved and respected member.

Many others, however, besides Reserve and Regular members of the Army and Navy Nurse Corps have come to the Bureau of Information. Especially valuable has it proven to nurses "who have stayed at home," and who have guarded the health of the civilian population in the United States. With the signing of the armistice these have been in a position to take up new fields of endeavor, or to work out with the help of the Bureau of Information many cherished "plans which had to be postponed until after the war." One of the most active phases of the Division of Public Health Nursing has been to call the attention of nurses who had hitherto been active in only a given phase of the profession to broader opportunities and fields whose existence they had not even known before they

applied to the Bureau of Information.

Suppose, however, that you are not a Public Health Nurse, and that your training and experience has been along the lines of educational and institutional work. Then your letter of application will be referred to Miss R. Inde Albaugh, Chief of the Division of Institutional Assignment of the Bureau of Information for Nurses, and she will enter your name and references for placement in this phase of the profession. The files of this Division show that 2,353 nurses' names are represented in this Division, in positions ranging from hospital superintendent to X-ray technicians. One thousand seven hundred and sixteen vacancies in hospitals have already been reported to Miss Albaugh; and 805 nurses have definitely reported back to the Bureau that they have secured positions through the activities of this Division. Probably this number is in reality a much larger one, as the nurses, though urged to do so, often fail to notify the Bureau when they accept a position to which they have been referred. Even 398 prospective student nurses have been placed through this Division, out of a total number of 477 applications from girls interested in entering the nursing profession. Two hundred and four training schools have applied for students, requesting a total of 1,478 student nurses.

In addition to giving information regarding institutional work,

the Bureau of Information also offers advice regarding War Risk Insurance for nurses serving in the Army and Navy. One of its activities has been to interest the Federal Board of Re-Education in nurses who have become incapacitated in war service. For instance, a nurse discharged from the service in April was advised by her Commanding Officer to qualify for laboratory work, in view of marked functional heart trouble resulting from pneumonia which she had had overseas. "She came to the Bureau of Information," reports Miss Albaugh, "to secure a \$100.00 loan and to obtain assistance in arranging to take a ten-weeks' course in laboratory work at Hunter College. While investigating this course, we were able to interest the Federal Board of Re-Education in her case, and she was found to be eligible and in every way a qualified subject. Instead of a ten-weeks' course at her own expense she will now receive a two years' training in this subject, including maintenance and allowance. Several other nurses have also been put in line for similar compensation and re-education."

In view of its affiliation with the three national organizations of nursing, its convenient location, and its nation-wide organization, the Bureau of Information has become a metre upon which the general development of the nursing profession, in educational, institutional and public health nursing, and other allied activities of the

profession are registered. The fact that a nurse living in New England can secure information and advice about available positions in the Mississippi Valley or the Pacific Coast, simply by writing or calling at the Bureau of Information in New York, means a tremendous saving of time and energy. An additional advantage is that the Bureau stands in a posi-

tion to receive detailed information from institutions and public health agencies which would be impossible for an individual nurse to obtain.

The Bureau of Information for Nurses, 44 East Twenty-Third Street, New York City, will be glad to offer its services to any American nurses.

Health Week in Easton, Pa.

BY MARTA S. HOULDER, R. N.

A VERY interesting Health Week has just come to an end in Easton. Child Welfare had been a vague dream for some time, and then this opportunity came through the State College. Two dietitians were sent to help with Americanization work, and the very capable and interested Women's Club supplied the food for the cooking classes, while various social workers secured clean, good-sized kitchens out in the field. The plan followed by these two very efficient women was to go to a foreign householder, and then invite five or six women from the neighborhood to bring their sewing; when the cooking classes were over they would set the table properly and all would sit down for a little social time, since, as we all know, "eating" seems to bring people together. One of the Italian women was expecting some guests one day, and she talked over the

menu and setting of her table with the dietitian, because she was so anxious to show her friends she was an American.

These two fine workers have reached problems which the nurses have very little time to deal with; they always plan to spend a whole morning or afternoon in a household, and perhaps this is one of the reasons for their successful work. A great difference is discernable in the various houses. In the past, the food was left uncovered on the table, and now is found not only covered, but in clean vessels in the cool cellar or in the ice-box.

Following the work of the dietitians came the Health Week, and everybody coöperated and did their best, including the State and Local Boards of Health, school children, teachers, Y. W. C. A., nurses, local stores and moving picture houses. The school children made most of

the posters, the teachers and Y. W. C. A. workers trained them in plays and games all relating to health; the food for the Exhibit was prepared by the high school girls. Prizes were given by The Visiting Nurse Association for the best composition written about "Milk as a Food," and "Children's Friend, The Cow." These were not only interesting but instructive. The Scout Boys, whom we had the privilege to train, gave some splendid demonstrations in "First Aid," such as applying splints, bandaging, coat stretchers, etc. In fact, we could not have accomplished what we did without these wide awake and enthusiastic children. Prizes were also given by the Women's Club for the best made-over garment. A Lithuanian woman with nine children received the first prize of \$5.00. She had three garments which had been given her by the Social Service League, and she had produced from these things:

1. A child's winter coat made over from an old lady's coat.
2. A checked dress made over from an old housedress.
3. A pink crepe dress which also was made from an old garment which she had dyed into a gay pink.

This woman deserves mention, but all the other garments were so well made that one was almost tempted to give a prize to every one that had a garment there.

The weighing of the school children was a revelation. The children whom we expected to be up to the mark were the children most under-nourished. In fact, some of the children there who, like Topsy, "just grew," were much nearer the standard weights, than those who had grown up under more advantageous conditions. The children were greatly interested, and it certainly was amusing to hear them discuss "to eat or not to eat."

The visiting nurses had charge of the Infant Exhibit, where they demonstrated bathing of a large doll, proper way of dressing an infant and modification of milk. Furniture was borrowed from the local stores and the end of the room was all in white, looking as much like a Health Centre as possible. It must be added, however, that it was a happy day when all these borrowed articles were safely returned.

Through this Exhibit it was possible to reach people with whom otherwise the nurses would not have come in contact. The mothers seemed so interested in common sense clothes, shoes and food. As I sit here writing, one after the other passes before my mind's eye—the young pretty faced woman with a worried expression, because she had no idea what to get ready for her baby—in fact, nobody to talk it over with—and there she found out that Public Health Nurses want to get in contact with

these pre-natal cases. Then the girl of ten years who is trying to organize a new "Little Mothers' League" class so that she can play with the doll; and so on through many similar cases.

An Infant Health Station is being opened in the very near future in coöperation with the State Dispensary. It is hoped to open up

several of these rooms next summer, but this is the first real public start to do Infant Welfare Work in Easton. Dr. Fisler, the Children's specialist in this community, is to take charge of the clinic.

There is in Easton a group of the most capable and coöperative women, and without their splendid work Health Week would not have amounted to very much.

Organization Activities

AN IMPORTANT CONFERENCE

The National Organization for Public Health Nursing shares with the National Tuberculosis Association and the Red Cross Bureau of Public Health Nursing the great satisfaction of having reached mutually gratifying understanding of their closely related nursing activities, at a conference held upon request of this Organization at Red Cross headquarters in Washington on Friday, December 5th.

Dr. Farrand, Miss Noyes, Miss Fox, Dr. Peterson, Director of the newly created Health Department Service, and Mr. Walling represented the Red Cross; Dr. Pattison and Miss Marshall (who, we hope all our members know, has recently been appointed as Director of Nursing in the National Anti-Tuberculosis Association) represented the National Tuberculosis Association; and Miss Tucker, Miss Gardner, Dr. Winslow and Miss Crandall attended in behalf of this Organization. Mrs. Lowman's absence because of illness was deeply regretted.

Although several months have passed since the first request was made for a conference of this character, it was remarked by several present that the delay was certainly an advantage in that the plans of

each organization were much more readily reducible to definite terms than would have been possible at any earlier time, although demands are increasing so rapidly that it is impossible to see very far ahead. Discussion proceeded from written statements presented by the three Organizations, setting forth their conception of their own functions with suggestions as to how the three bodies might effectively coöperate.

The conference was notable for its admirable spirit of coöperation.

THE FIRST BIENNIAL CONVENTION

As our readers doubtless know, the first biennial convention of the National Organization for Public Health Nursing is to be held this year in Atlanta, Ga., the dates set for it being April 12th to 17th.

For reasons which are explained below, it has been suggested that it would be desirable to add two days previous to April 12th, to be devoted to continuous section meetings. The following letter has, therefore, been sent to all members of the Organization, asking their opinion as to the practicability of such a plan. We hope that all those who have not already responded to this letter will do so immediately, in order

that a decision may be reached promptly and the program may be arranged accordingly.

Dear Members—each one please!

Your Directors and Executive Staff ask instructions concerning the tentative

clusive. The joint Boards of Directors have further approved the plan of conducting separately the sessions of the three associations during the first four days. This, however, does not apply to the evening meetings, nor to the American Nursing Association house of dele-

Suggested Convention Program

	MORNING	AFTERNOON	EVENING
Friday, April 9	N. O. P. H. N. Section Meetings	N. O. P. H. N. Section Meetings	N. O. P. H. N. Section Meetings
Saturday, April 10	N. O. P. H. N. Section Meetings	N. O. P. H. N. Section Meetings	N. O. P. H. N. Section Meetings
Sunday, April 11	No Sessions	No Sessions	No Sessions
Monday, April 12	Registration, N. O. P. H. N., Opening Business Session	A. N. A. House of Delegates	Joint Opening Meeting
Tuesday, April 13	N. O. P. H. N. General Sessions	N. O. P. H. N. General Sessions	N. O. P. H. N. General Sessions
Wednesday, April 14	N. O. P. H. N. General Sessions	N. O. P. H. N. General Sessions	N. O. P. H. N. General Sessions
Thursday, April 15	N. O. P. H. N. General Sessions	Joint Meeting with Other Associations	Joint Evening Meeting
Friday, April 16	Joint Meetings with Other Associations	Joint Meetings with Other Associations	Joint Meetings with Other Associations
Saturday April 17	N. O. P. H. N. Closing Business Session. Resolutions	A. N. A., Closing Business Session	Joint Evening Meeting

schedule for the 1920 convention at Atlanta in April. Will you treat this letter as individual to you and reply by return mail, if possible?

It has been mutually agreed that the dates shall be April 12th to 17th, inclusive, i. e., from Monday to Saturday, in-

cludes on Monday afternoon.

The officers of this organization believe it is desirable to have two days for continuous section meetings and two for general public health nursing topics which all members of the National Organization for Public Health Nursing will wish to

attend. The section meetings are especially necessary this year, because several groups such as Infant Welfare, School and Industrial nurses, are planning to organize formal sections and adopt their own By-Laws and elect officers. But there would be little time for a special program after the organization proceedings are completed, even if there were two days; but Monday will be occupied with National Organization for Public Health Nursing and American Nursing Association business sessions. Moreover, we have already listed more urgent subjects for discussion at the general sessions than two days will hold.

Therefore, we are asking you the following questions, and beg you to answer *each one* quite definitely and as promptly as possible.

1. Do you approve of calling the Public Health Nurses together on Friday, April 9th, and holding such a program as indicated on the attached diagram?

2. Do the officers of your Association approve this plan?

3. Do you expect to attend?

4. Is at least one member of your Board planning to come?

This is our first biennial convention. It has been a long time since we met and it will be long again. Shall we, or shall we not, try the experiment of extending the time for the sake of making our program as satisfying and constructive as possible?

Awaiting your reply, I am

Most sincerely yours,

Ella Phillips Crandall,

Executive Secretary.

By order of the President.

NEW YORK OFFICE

Ella Phillips Crandall, Ex. Sec'y.

On Nov. 1st Miss Crandall attended the semi-annual meeting of the New Jersey State Organization for Public Health Nursing and spoke on recent developments

and present opportunities in the field of Public Health Nursing. Miss Haliburton accompanied her and, in addition to participating in the discussions, held conferences with members and brought back valuable information regarding various important State projects and found ways in which the State and the National Organization could be mutually helpful.

Miss Crandall, who was one of the speakers, and Miss Lent, attended the exercises of the group of sixteen students who completed on Nov. 6th the first special course ever given to nurses in the prevention and control of venereal diseases. This was a most significant occasion, in that it formally opened a new door of incalculable opportunity and obligation to these women, and in fact to countless other Public Health Nurses.*

The Executive Secretary has accepted an appointment as member of the Executive Board of the Seamen's Service Center, which has just been established in New York City under the auspices of the United States Public Health Service, with the coöperation of the Red Cross. This project has great possibilities and ultimately is expected to be international in its scope.†

*Account of the graduation exercises was published in our December issue.

†An article describing this Centre appears on page 9.

Miss Crandall and Miss Lent attended the New York State Federation of Women's Clubs in Elmira on Oct. 15th. Miss Crandall spoke before the Public Health Section, and through the courtesy of the chairman was privileged to introduce the following resolution which was later unanimously adopted:

Resolution in re Appropriation for Salary of Director of Division of Public Health Nursing, State Department of Health, New York State.

Whereas, New York State first enacted a law to provide a Division of Public Health Nursing within its State Department of Health for the purpose of standardizing the administration and practice of public health nursing; and

Whereas, This law has become a model for similar statutes in other States at a time when the importance of such legislation is being recognized by the general public, and is receiving the endorsement of such national bodies as the American Society of State and Provincial Health Officers, the American Red Cross, the National Anti-Tuberculosis Association, and the National Organization for Public Health Nursing; and

Whereas, This law has been rendered ineffective because no appropriation has been awarded for the office of Director of said Division for a period of five years; therefore,

Be It Resolved, That the New York State Federation of Women's Clubs in convention assembled at Elmira, November 8th to 13th, inclusive, does hereby respectfully urge both houses of the legislature and their respective Budget Committees to grant the appropriation which has been recommended by the State Department of Health; and

Be It Further Resolved, That copies of this resolution be sent to the appropriate officials of the Senate and Assembly.

The same resolution was presented to the Women Voter's League at Utica a few days later and also unanimously adopted. Further efforts have been made to insure this appropriation and there is reasonable hope that it will be granted.

Miss Lent represented the National Organization for Public Nursing at a meeting in Washington, D. C., Nov. 7th to 9th, of the Council of Women's Organizations with the U. S. Public Health Service.*

All of our members who read Miss La Forge's report† of her study of Public Health Nursing in Westchester County, New York, will be gratified to know that Miss Haliburton attended the first organization meeting in October, and Miss Crandall the final one on Nov. 18th at which the Westchester County Council on Public Health Nursing formally came into existence by unanimous vote of the delegates present. Both secretaries addressed the meetings which they attended and rendered some further assistance by answering questions that helped to clear up some doubts and perplexities. This demonstration of county conservation of nursing resources will be watched with great interest by many.

*An account of this meeting appeared in our December issue.

†This report appeared in our issue of August, 1919.

Two conferences were held with Dr. W. W. Peters of Shanghai, China, who has been in this country for several months and sailed for China Dec. 13th, where he will again take up his unique public health work under the auspices of a Joint Board of the China Medical Association, The American Medical Missionary Association, the Y. M. C. A., the China Educational Association and the Y. W. C. A. Dr. Peters and his staff conduct community health exhibits and institutes in various cities of China which have attracted wide-spread attention in this country as well as in the Orient. Each covers six days, one of which is devoted to women, the other five to men. Dr. Peters is much impressed with the future possibilities of public health nursing in China and has invited Miss Crandall to serve on a proposed American Advisory Committee to the Joint Board in China. The National Y. W. C. A. is also interested in this possibility of extending Dr. Peters' work among Chinese women.

Miss Lent spent one day in Albany, conferring with Senators, the State Board of Health, the Chairman of the Committees on Public Health and Public Health Nursing of the General Federation of Women's Clubs, and others, in regard to the legislative matters affecting public health nursing in the State of New York. She also held conference with Dr. Peters of China and attended with him a

luncheon conference with representatives of the Surveys and Exhibits Department of the Russell Sage Foundation.

The production of the film "An Equal Chance" was begun in Poughkeepsie, N. Y., November 20th, and Miss Lent spent November 20th to December 3d, directing and assisting in this production.

Occupational Department

A further study of the methods at present used in placing nurses has convinced the Occupational Secretary that the question of employment is one of the utmost importance and should be, instead of a side issue, a matter of grave concern to the N. O. P. H. N. It is common knowledge that we are facing an unprecedented demand for trained and experienced women and that our supply is about one-seventh of what it should be. The results of failure in meeting this demand promptly and adequately will be, in many cases, lowered standards, actual retarding of work in communities, anxious, but unable to secure Public Health Nurses, and for the nurses themselves the loss of opportunities now open to them along certain lines of public health work.

To facilitate the making of constructive plans, the Occupational Secretary visited Washington for the purpose of studying the Federal Employment system recently operating under the Department of Labor, and has had a number of important conferences there

and elsewhere with those experienced in employment work. Miss Haliburton visited Rochester, having four conferences in that city concerning different phases of the work; also Albany where methods of improving the service were very thoroughly discussed with Dr. Nicolls, Dr. Smith, and other members of the State Department of Health.

During the past month there has been an increasing demand for industrial nurses; a demand which we have been unable to meet owing to the lack of properly trained women. While we have had a few applicants for positions who are ready for the field, they have not always been available for the particular localities where there are vacancies. We note also, an appreciable number of institutional nurses acting in various supervisory capacities, who are turning to the public health field.

The Occupational Secretary held 88 office interviews during the month.

Twenty-two new applications for positions were received from nurses, and twenty new requests for nurses were received from associations. Thirty-two nurses were recommended for positions during the month, and three positions were filled, the appointments being made in the States of Pennsylvania, Michigan and Missouri.

Educational Department

The Educational Secretary spent November in the South. The first

week, in Austin, Texas, was the logical sequence of her spring visit to Texas, and resulted in a decision of the Regents of the State University to start a course in public health nursing just as soon as an instructor could be secured.

Three days were spent in a town in South Carolina in the interest of the Committee which is making the study of public health nursing and education for the Rockefeller Foundation. One day in Atlanta yielded good returns in conferences with Red Cross officials. Four days in Columbia, S. C., were spent in formulating plans, interviewing nurses and holding conferences, with a view to preparing field work and arranging a curriculum for a course to be developed for South Carolina within a year or two. One morning was spent in Washington with Miss Strong, at the session of the Red Cross Conference, when the matter of courses was discussed, and the splendid stand taken not to lower our standard. One week was spent in Louisville, Ky., visiting the new course being given there under the auspices of the State Board of Health, the University of Louisville and the public health nursing agencies. One day in Chicago and part of a day in Richmond, finished the busy month.

Publicity Department

During the month of November the allotments of propaganda to corporate members were sent out and a copy of the poster was sent

to every hospital training school, as well as to a selected list of libraries and to Boards of Education which are doing school nursing. Further distribution of the poster will be secured through State Boards of Health, nursing associations, etc. The new membership folder and joint bulletin describing the library service and listing the propaganda material are now available.

Work on the tentative plan for recruiting student nurses has been completed and an outline of this plan will be printed in the February issue of *THE PUBLIC HEALTH NURSE*. A number of requests have come to the Publicity Secretary from hospital training schools for advice in the preparation of campaigns to recruit students. The Publicity Secretary has also been asked to advise the Instructive District Nursing Association of Boston concerning their publicity problems.

The production of the first part of the motion picture has been completed. It is intended to incorporate in the film brief episodes on tuberculosis nursing, industrial nursing and also scenes taken at the three demonstrations conducted by the National Organization in coöperation with the Children's Bureau in Illinois, Wyoming and Louisiana.

Library Department

Since the publication of our leaflet "Library Service for Public Health Nurses" we have discov-

ered an increasing interest in our work on the part of all librarians—not only of our State librarians, whom we look upon as our most important allies, but also of all town and county librarians. It has been suggested by Mr. Utley, Secretary of the American Library Association, that Public Health Nurses in all parts of the country take advantage of this growing interest and systematically visit the libraries of every district, appealing to librarians for a full coöperation in the promotion of public health nursing.

What reason can we give for asking librarians to take this active interest in our work? Mainly because we are discovering that their people are our people, and in many instances their ways are also our ways. We each deal with the same groups; we each depend upon common agencies, such as schools, playgrounds, and community centers; we each specialize in work with children; we each organize our communities into clubs—clubs for mothers, clubs for girls, clubs for boys. And all for what purpose? Surely for none other than a broad general community welfare; on the one hand physical, on the other educational or intellectual.

In working for the betterment of her community, a Public Health Nurse expects the family man to take an interest in the sanitary conditions of the neighborhood. Does she see to it that there are

good books on the shelves of the public library for this man to read, books on hygiene and sanitation? There are also the ignorant and foreign mothers who need books, simple books in English dealing with the care and feeding of children. Has the Public Health Nurse asked the librarian to arrange a shelf of such books where a mother's club may be brought for a meeting? Has the school nurse taken her classes to the Children's Room for an hour's reading on nutrition and muscle development, on fresh air and tuberculosis? Has the industrial nurse borrowed a "deposit" of books for her office in the industrial plant? There seem to be unlimited ways in which the library's resources may be drawn upon for such reinforcement, and we may be assured that in most cases it would be to the great delight of the librarian.

Librarians have been known to ask "What is a Public Health Nurse?" and they have also been heard to say that never have they been visited by a Public Health Nurse nor asked to help in her community problems. After we are sure that librarians do know who we are and what we are, we will find that they take a much greater interest in our books and reading, and we will not hesitate to ask them to buy for us some, if not all, of the books which should be available to all Public Health Nurses and to all members of the community.

The following books have been placed on the shelves of many of our State Library Centers, not only single copies but duplicates, and can be mailed to all parts of the State, on request, by payment of postal charges. Would they not also be of great value to Public Health Nurses, if on the shelves of all town and city libraries?

Books on Public Health Nursing

- Bigelow, Maurice
Sex Education (Macmillan)
- Broadhurst, Jean
Home and Community Hygiene (Lippincott)
- Cabot, Richard
Social Work (Survey)
- Devine, E. T.
Misery and Its Causes (Macmillan)
- Dunton, Roger I.
Occupation Therapy, a handbook for Nurses (Saunders)
- Hill, H. W.
The New Public Health (Macmillan)
- Hoag & Terman
Health Work in the Schools (Houghton, Mifflin & Co.)
- Kelly & Bradshaw
Handbook for School Nurses (Macmillan)
- Lee, William R.
Health and Disease (Macmillan)
- La Motte, Ellen N.
The Tuberculosis Nurse (Putnam)
- Mangold, G. B.
Problems of Child Welfare (Macmillan)
- MacCollum, E. V.
Newer Knowledge of Nutrition (Macmillan)
- O'Shea & Kellogg
Health Series-Primers in four volumes (Macmillan)
- Rose, Mary S.
Feeding the Family (Macmillan)

Rosenau, M. J.

Preventive Medicine and Hygiene (Appleton)

Streightoff, F. H.

Standard of Living (Houghton, Mifflin & Co.)

Struthers, L. R.

The School Nurse (Putnam)

Wald, Lillian D.

House on Henry Street (Holt)

Winslow, C. E. A.

Healthy Living-Primers in two volumes (Merrill)

COMMITTEE ON INDUSTRIAL NURSING

The Chairman of the Committee on Industrial Nursing announces that it was hoped to obtain a committee member for each State, but replies have not been received from those approached in Arkansas, California, Florida, Idaho, Indiana, Iowa, Missouri, Nebraska, New Mexico, Nevada, Oregon, Pennsylvania, Tennessee, Utah, Vermont, Virginia, Washington, Wisconsin, Wyoming. Will a committee member volunteer for each of these states? There must be many industrial nurses in these districts. It is hoped that some of them will see this notice and attend the annual meeting in Atlanta in April.

The names of members of the committee already appointed are as follows:

Miss Emily Robson, Vice-Chairman; Miss Ellen M. Quilty, Alabama; Miss Jean C. Fraser, Arizona; Miss Agnes Paulsen, Colorado; Miss Maud S. Smart, Connecticut; Miss Marie T. Lockwood, Delaware; Mrs. Clara D. Bell, District of Columbia; Miss

Jane Van de Vrede, Georgia; Mrs. Eleanor McN. Ericson and Miss May E. Middleton, Illinois; Miss Damaris Payton, Kansas; Miss Mary L. Railey, Louisiana; Miss Myrtie E. Taylor, Maine; Miss Rebecca M. Coale, Maryland; Miss Evelyn L. Coolidge, Massachusetts; Miss Hazel K. Hotson, Michigan; Miss Eva Anderson, Minnesota; Miss Margaret Hughes, Montana; Miss Evelyn L. Coolidge, New Hampshire; Miss Ellen P. Huggan, New Jersey; Miss Mary E. Meyers, and Mrs. Margaret Rogers, New York City; Miss Ruth E. Babcock, New York State; Miss Rose N. Ehrenfeld, North Carolina; Mrs. Carrie B. Correll, Ohio; Miss Mary Ida Vincent, Oklahoma; Miss Evelyn L. Coolidge, Rhode Island; Miss Jane Van de Vrede, South Carolina; Miss Eva Anderson, South Dakota; Miss Mary C. Reynolds, Texas; Mrs. Jean T. Dillon, West Virginia.

Owing to unavoidable delay in assembling the names of industrial nurses, it will not be possible to send out a questionnaire to each nurse discovered, but there has been a strong expression of opinion as to the need of an industrial nursing section.

It is reported that there are no industrial nurses in Kentucky, Mississippi and North Dakota. Local and State nursing organizations and public health and indus-

trial nurses are requested to coöperate by sending in names of industrial nurses, if they are known in these States.

MEMBERSHIP IN THE GREATER
COMMUNITY HOSPITAL
ASSOCIATION

The Greater Community Hospital Association of Creston, Iowa, has conferred a corporate membership upon the National Organization for Public Health Nursing. Miss Crandall acknowledged this very courteous action in the following letter:

November 28, 1919.

Mr. R. E. Green, Sec'y,
Greater Community Hospital Assn.,
Creston, Iowa.

My dear Mr. Green,

The National Organization for Public Health Nursing acknowledges with much appreciation the honor which the Greater Community Hospital Association of Creston, Iowa, has conferred by bestowing upon it a gratuitous corporate membership in the Hospital Association.

Perhaps you know that the officers of this organization have been deeply interested in this unique experiment of community health administration, and will continue to watch its progress with the keenest interest.

With best wishes for its success, I am,

Yours very truly,

Ella Phillips Crandall,
Executive Secretary.

Red Cross Public Health Nursing

With this number of *THE PUBLIC HEALTH NURSE* we open a department to be devoted to the Red Cross Public Health Nursing Service. The following letter from Miss Fox outlines so clearly the reasons why such a department should be opened, that we publish it in full:

My Dear Miss Brainard,

During the past week we have been having at Washington a conference of the personnel of our thirteen Division Departments of Nursing and Bureaus of Public Health Nursing. Some seventy or eighty nurses have been in attendance, including, of course, our Directors of Nursing and Public Health Nursing in the Divisions and their assistants and State representatives, but not including any of the local nurses. Several of those present were holding the dual positions of State supervising nurse and State representative for the Division Department of Nursing of the Red Cross. Several were also State nurse representatives of the National Organization for Public Health Nursing.

At our session yesterday morning much discussion was given to the problem of supplying our local nurses, especially the more isolated rural nurses, with magazine material, package library facilities, pamphlets, circulars, news items and up-to-date information about the developments in the field of public health nursing. Various suggestions were made that the Division offices should provide their own field nurses with a monthly bulletin or news letter containing interesting information about the work going

on within their own Divisions. It was felt that the young nurses working alone might get many helpful suggestions and much encouragement from this intimate and personal contact with the other nurses in their neighborhood. It was also felt, however, that we would not want to plan any form of publication which would subtract from the nurse's interest in *THE PUBLIC HEALTH NURSE*. The outcome of the discussion was the conclusion that it would probably be well for the Divisions to issue a mimeographed news letter of rather personal character to the field nurses within that Division, but that it would not be desirable to issue any formal national bulletin which might even in a small way trespass upon the field of *THE PUBLIC HEALTH NURSE*. Rather than do this the suggestion was made, and unanimously endorsed, that the Red Cross Bureau of Public Health Nursing ask the editors of *THE PUBLIC HEALTH NURSE* to allow us to have a section of *THE PUBLIC HEALTH NURSE* devoted to the Red Cross Public Health Nursing Service, following the method of the *American Journal of Nursing* in allotting one section to the Department of Nursing of the Red Cross.

We felt that such a plan would do much to eliminate the idea, current to some extent at present, that the Red Cross Public Health Nurses are a separate group and that the members of the Red Cross Public Health Nursing Service are not interested in the National Organization for Public Health Nursing. It would seem to us that just the contrary impression would be given by allowing us to have a section in the magazine. That is, we would be knit together as one body.

Other advantages of such a scheme, it would seem to us, would be that Public Health Nurses in general would be kept informed of all the developments in the Red Cross Public Health Nursing Service and the nurses in our services would feel themselves a part of the larger movement and would see the relationship of our service to the whole. I think a large proportion of our nurses are subscribing to *THE PUBLIC HEALTH NURSE*, but the inclusion of a section dealing particularly with our work would cause the minority to subscribe also. Of course we want every one of our nurses to belong to the National Organization for Public Health Nursing and receive the magazine. Furthermore, the inclusion of such a section might result in interesting many of the lay members of our Chapter committees on nursing activities in *THE PUBLIC HEALTH NURSE* and might result in their becoming lay members of the National Organization for Public Health Nursing and receiving the magazine regularly.

The Bureau of Public Health Nursing of the American Red Cross, therefore, makes formal request of *THE PUBLIC HEALTH NURSE* for a section to be devoted monthly to the developments of

our service. It would be our desire and intention to make the contents of such a section of interest to all of the readers of the magazine and to make it more a vehicle of information concerning our service for all nurses rather than of particular interest to our own staff. I hope very much that you and the other editors of the magazine will feel that such a section would be a valuable contribution to the magazine and a very real means of bringing all our Public Health Nurses together and of welding the Public Health Nursing Service of the Red Cross and the National Organization for Public Health Nursing into a closer union.

Yours sincerely,

Elizabeth G. Fox,

Director, Red Cross Bureau of
Public Health Nursing.

The request conveyed by Miss Fox has been gladly acceded to, and she has accepted the position of Editor of this department. Beginning with February we hope to publish in it material which will be of interest to all Public Health Nurses.

News From the Field

NOTES FOR INDUSTRIAL NURSES

There has been a definite expression of opinion recently among industrial nurses generally that there is need for uniform standards of service and for better preparation for their work. Employers are seeing similar needs. Industrial nursing is still a field for the pioneer nurse who often takes up her work without thought of preparation other than a hospital training. She finds immediate need for a broader knowledge, which is often fairly easy to obtain if the way is pointed out.

The industrial nurses of the National Organization for Public Health Nursing plan to form an Industrial Nursing Section in the National Organization at the meeting in Atlanta next April. The object of this section will be the formulation and maintenance of high standards for service in industry. It is planned to make known to nurses throughout the country the opportunities for education for industrial nurses. Opportunities exist or may be developed in many large centers.

Membership in the National Organization for Public Health Nursing

Qualified nurses are eligible to membership. Employers are eligible to corporate membership. Associations of employers, of em-

ployers and workers, or of employees, are eligible to corporate membership.

All industrial nurses are urged to attend the Atlanta meeting and employers of industrial nurses are urged to send a nurse as their representative. If she becomes an active member, she will have a vote. In any case, she will learn what other industrial nurses are doing and she will return to her duties, with renewed energy and inspiration.

Association of Industrial Nurses in Bridgeport

Following the annual meeting of the Public Health Nurses of Connecticut in Hartford, October 23, which was largely devoted to a discussion of industrial nursing, the industrial nurses of Bridgeport formed an association with twenty-one members, with the object of giving better service to industry. The inspiration for the Bridgeport association came from the Hartford meeting, which several Bridgeport industrial nurses attended.

Opportunities for Study for the Industrial Nurse

The Industrial Nurse who sees the broader aspects of her work soon realizes the need of continual study that she may keep in touch with modern methods and that she

may find herself prepared to grasp her opportunities for service.

Wherever there is a University with an Extension Teaching Department, it may be possible for the Industrial Nurse to increase her value to industry by taking up special courses of study. A little regular study is good for one, even though knowledge of the subject studied is not absolutely necessary. If nurses will inquire of universities and schools for courses in some of the following subjects, they may find exactly what they need; but, if they do not, they have at least made their need known to someone else. If there are enough requests, it is likely to be filled.

1. Applied Economics.
2. Applied Sociology.
3. Applied Psychology.
4. Historical backgrounds of our foreign and native populations, together with their customs and food habits.
5. Hygiene and Home, Factory and Municipality.
6. Dietetics, with special reference to lunch room management and the planning of family meals.
7. Organization of industry.
8. Personal Management.
9. Effect of different kinds of work on health of men, women and children.
10. Statistics applicable to employment, compensation and first aid and visiting nurse records.
11. Languages.

AN INTER-PROFESSIONAL CONFERENCE

On November 29th and 30th a very significant conference was held in Detroit, Michigan, which may eventuate in great influence. It was the Inter-Professional Con-

ference, called and financed by the Post-War Committee on Architectural Practice of the American Architectural Institute, to bring the professions together to plan more effective relations to each other and to the social problems of the day: in other words, to develop a greater sense of responsibility to society within the professions, and a better coöperation for the sake of society between the professions. The American Dental Association was the only professional organization that was represented by official delegates elected at convention, but in all, fourteen professions, including nursing, were represented on the program.

In speaking for the nursing profession, Professor Dora M. Barnes, of the Department of Public Health Nursing of the University of Michigan, argued that as clear definition is necessary to clear thinking and intelligent self-consciousness is a pre-requisite to intelligent coöperation, it is important that the nursing profession be recognized as distinct from the medical profession in order that it may most effectively fulfill the purpose of the conference. The plan of the organization will be developed and its activities will be directed by a council numbering twenty-one. Miss Barnes was elected as a member of the nursing profession. It is proposed to hold local conferences including members of the various professions, for the purpose of acquainting the

members of each with the aims and ideals of the others. One definite practical suggestion was that at the annual national and State meeting of professional organizations a member of an apparently unrelated profession be invited to express its ideals and aspirations. This plan will be carried out in the annual meeting of the Michigan State Nurses Association, and would be a good one for other groups to adopt. Another suggested plan of a committee to act as a sort of court of appeal and publicity agency, to which misunderstood purposes or movements of given professions could be explained, and by which such purposes or movements could be effectively interpreted to the public. An illustration is the desire of the architects to make their skill and service available for the government during the war housing emergency, which was rebuffed with the statement that they were only looking for a job. Another illustration is the popular misconception of the purpose of state registration of nurses, it being interpreted as a measure protective of nurses instead of protective of the public. Such a committee would insure a sympathetic and attentive hearing, and would help greatly in removing unfounded suspicions.

Membership in the organization is of two kinds, annual membership with dues one dollar per year, and a n n u a l - sustaining membership with dues ten dollars per year.

Further information may be secured by writing to the Inter-Professional Conferences at 56 W. 45th Street, New York City, N. Y.

A MATERNITY CENTER

The Mothers' Relief Society of Baltimore, under the direction of the Instructive Visiting Nurse Association, aims to discourage the use of the midwife by employing a competent woman physician for those women who wish to be attended only by a woman, and to provide adequate prenatal and obstetrical care in the home for normal cases, particularly for those that will not go to a hospital.

The work of the Society was first begun in Baltimore about thirty-three years ago. A maternity centre was established where patients reported twice a month for examination and a woman physician was placed in charge with a trained attendant to assist at deliveries and give bedside care afterwards. At this time cases were taken from all over the city. Later, in order to do more efficient work, the Society decided to confine itself to one section of the city and to coöperate with the Instructive Visiting Nurse Association in the supervision of the nursing work in this section. The change was made and now complete maternity service is carried on in one district, Highlandtown, under the care of a competent woman physician and a graduate registered nurse.

Prenatal care means instruction of mothers before their babies are born. Along with this teaching goes observation of symptoms, which is made by proper medical examination, pelvic measurements, urine analysis, etc., of pregnant women at weekly clinics.

The physician decides whether normal delivery is possible or likely, and if, upon examination, it appears that hospital care and operation will be necessary, arrangements are made accordingly and the patient is urged to go to the hospital. The clinics are supplemented by the visits of the nurse to the home to instruct the mother in general hygiene and the choice of diet and clothing, to make the best possible preparation of the home for the sake of the coming baby, and to report to the physician any abnormal symptoms she discovers during her visits.

Expert medical and nursing care are provided at confinement, so that there is a minimum of risk to mother and child. After confinement frequent visits are made to the home by the physician until the patient is able to return to the clinic for final examination. The nurse also makes regular visits during the two weeks or so following confinement to give nursing care to mother and baby and to give the baby the best start possible. At the end of this time, in order to avoid duplication of work, the care of the baby is transferred to the Babies Milk Fund Associa-

tion. A moderate charge for these services is asked from those who are able to give it, but no needy case is ever turned away from inability to pay.

At frequent intervals during the winter months, social meetings for mothers are held, at which two members of the Board of Directors of the Society, and the nurse are present. The aim of the meetings is to get into the closest possible touch with the mothers. To the accompaniment of light refreshments, patterns are furnished and the mothers are instructed how to make proper garments for the babies. Another interesting phase of the work is the volunteer visits made and services rendered by the ladies of the Board of the Society.

In all these activities, of the doctor, the nurse, the volunteer visitor, one general aim is constantly kept in view, to reduce the number of cases of illness and deaths of mothers at childbirth and to make children and infants healthier. It is the wish and hope of the Society that this important work should be extended.

STATE ASSOCIATION FORMED IN OREGON

There has been recently organized in Oregon an Association called the Oregon State Association for Public Health Nurses. The preliminary meeting was held in the office of The Visiting Nurse Association, the nurses stopping on their way through Portland to the Northwest Tuberculosis Con-

ference in Boise, Idaho. The second meeting for the election of officers and drawing up of constitution and by-laws was held at Boise. The following officers were elected:

Marion G. Crowe, Supt., Portland Visiting Nurse Association, President.

Jane C. Allen, State Advisory Nurse, First Vice President.

Louise Zorn, County Nurse, LaGrande, Oregon, Second Vice President.

Mildred Halvorsen, Nurse, Mills Open Air School, Secretary and Treasurer.

Although only fifteen nurses were present at the first meeting on account of the great distance to travel to reach Portland, several others wrote expressing their desire to become members, and it is desired by the club to promote public health nursing and to conform to the standard set by the National Organization.

A very interesting "Neighborhood Day" was recently held by the Visiting Nurse Association of Portland in conjunction with the Public Library in the St. Johns district. The mothers were invited to bring their babies to the library, where Dr. Charles U. Moore, child specialist, gave an interesting talk. A display of posters and practical equipment for babies was made by Miss Otelia Hendrickson, the nurse in charge of the district. Dr. Roberg, State Health Officer, and Miss Eldredge, executive secretary of the American Nurses Association, gave interesting talks on community welfare. Tea was served to the mothers and in all there were

about fifty present. As this has been a most difficult section in which to arouse interest, the results of the effort were very satisfactory to those endeavoring to stimulate public sentiment in relation to public health work.

DIRECTOR OF RED CROSS HEALTH SERVICE APPOINTED

Dr. E. A. Peterson of Cleveland, Ohio, has been appointed Director of the Health Service Department recently created by the American Red Cross to administer its peace time activities in the health field. Dr. Peterson has had many years experience in social work and education and as an executive in health work. He served during 1918-1919 as Major with the American Red Cross Commission on Tuberculosis to Italy and had charge of the Department of School Hygiene. For the previous eight years he had been the Director of the Department of School Health in Cleveland, Ohio. Dr. Peterson has taken up the work and is located at National Headquarters, American Red Cross, Washington, D. C.

WOMAN DOCTORS IN THE BALKANS

Woman doctors have saved many lives in the Balkans. Since jealousy of the male will not permit his wife to be examined by a male doctor, woman doctors were placed in the clinics of the American Red Cross, and because they were women skilled in medical science they have saved many of their foreign sisters.

The insane jealousy of the East is retarding in many ways the health campaign of the Red Cross. It is responsible for the unsanitary architecture, with its distinguishing features of cloistered, ill ventilated houses and latticed windows. It clothes half its adult population in disease-breeding veils.

American health sermons, therefore, fall on barren soil because of these deep-rooted customs. The essential of public medical work is to discover disease and treat it, but here jealousy will not permit the final step. "As far as is practicable, woman doctors only will be sent to Mohammedan Macedonia," Lieut. Edward Hume, director of the American Red Cross in Serbia has written.

MEDICAL DIRECTOR GOES TO SANTA DOMINGO

A medical director is being sent to Santa Domingo by the American Red Cross to take charge of a hospital there, and to make a study of the general health conditions on the island. An appropriation of \$10,000 has been made by the American Red Cross to cover the expense.

Commander Hayden, U. S. N., who has been in charge of the hospital, reports that throughout the island disease is prevalent and hospital facilities are inadequate. There have been but three graduate nurses in the Republic, although the training school has been opened.

The military government plans

to establish a chain of free dispensaries. It is possible that the Red Cross will assist further in the future toward raising health standards.

REORGANIZATION OF HEALTH ADMINISTRATION IN OHIO

A special board was recently appointed to examine applicants for the position of district health commissioner in the public health service of Ohio. The members of the board include the following: Dr. Allan J. McLaughlin and Dr. L. L. Lumsden, both of the U. S. Public Health Service; Dr. W. S. Rankin, Secretary of the State Board of Health, North Carolina, and President of the American Public Health Association; Dr. Otto P. Geier, industrial physician, Cincinnati; and Sherman C. Kingsley, Director of the Cleveland Welfare Federation.

Legislation passed during 1919 completely reorganizes local health administration in the State, setting up approximately 100 local health districts, under competent officials, in place of the 2,100 local districts previously existing. The new plan of organization went into effect January 1st.

THE JOURNAL OF THE OUTDOOR LIFE

The Journal of the Outdoor Life which was established in 1910 by Dr. Lawrason Brown, of Saranac Lake, has been taken over by the National Tuberculosis Association. In taking over this journal the National Tuberculosis Association

have planned an organization similar to that of the American Review of Tuberculosis, but the magazine will probably be published along the same lines as heretofore. A vigorous effort will be made to increase the circulation and to expand the size and scope of the journal.

AN ENGLISH BILL FOR REGISTRATION OF NURSES.

A Nurses' Registration Bill for England and Wales has been introduced by the Minister of Health. This Bill passed its second reading on November 18th with the general support of all sides of the House, and was committed to a Standing Committee.

Fifteen years ago the first Nurses' Registration Bill was introduced into the House of Commons on behalf of the Society for the State Registration of Trained

Nurses, and the main principles incorporated in that bill are now advocated by the Minister of Health. Some of the Chief provision of the Government Bill are as follows:

Establishment of a governing body for the nursing profession, to be known as the General Nursing Council; sixteen out of twenty-five members to be trained nurses.

The Council to regulate the formation, maintenance and publication of the Register, to define standards of training and to hold examinations.

Power is given to institute a uniform and badge for registered nurses.

Penalties are prescribed for misuse of the title Registered Nurse.

The Constitution of the Council gives to the nurses liberal powers of self-government.

The sixteen nurse members on the first Council will be appointed by the Minister of Health, after consultation with the various nursing associations, and thereafter they will be elected directly by the registered nurses.

Book Reviews and Digests

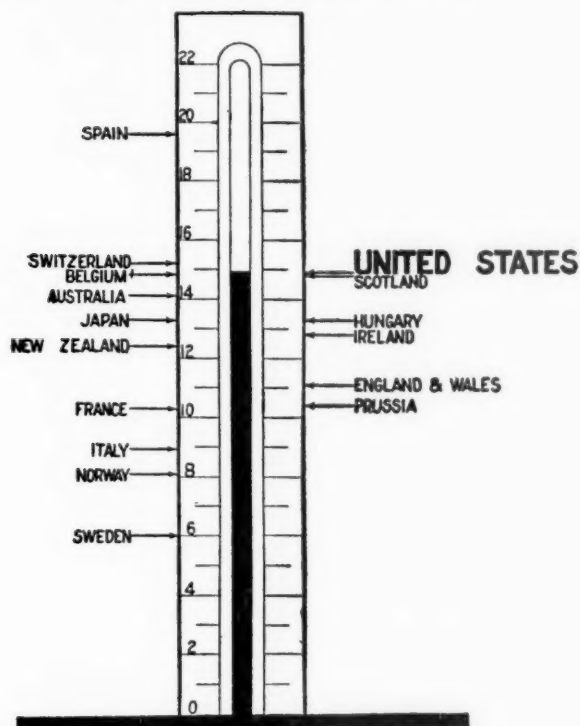
WHEN WILL THE THERMOMETER FALL?

Under the title "Save the Youngest" the Children's Bureau has just published seven charts

on maternal and infant mortality, with explanatory comment. Two of these charts are reproduced here, and give vividness to the accompanying statements:

MATERNITY MORTALITY THERMOMETER

AVERAGE DEATH RATE PER 100,000 POPULATION FROM CONDITIONS RELATED TO PREGNANCY AND CHILDBIRTH, 1900-1910.



The United States lost over 16,000 women in 1916 from childbirth. We have a higher maternal death rate than any other of the principal countries except Spain or Switzerland.

CHILDREN'S BUREAU, U. S. DEPARTMENT OF LABOR.

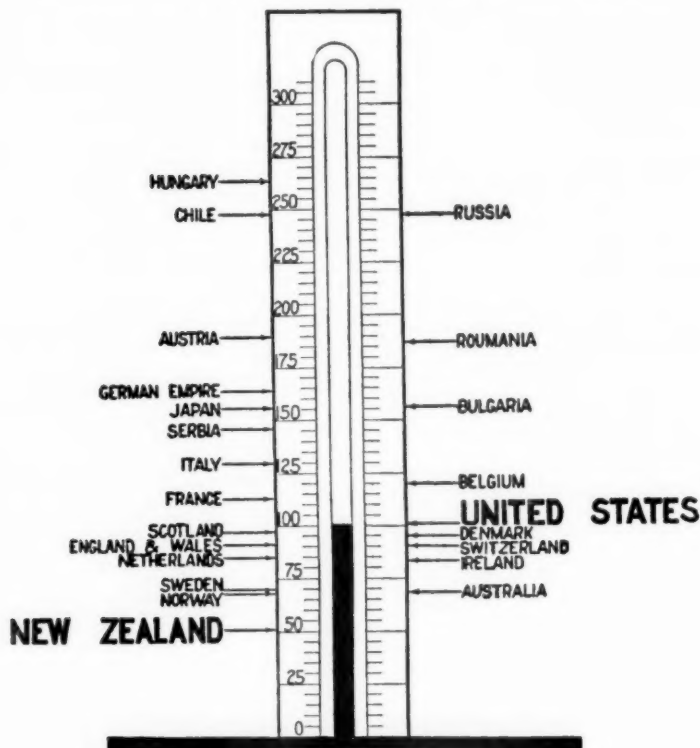
Every year in our country 16,000 mothers lose their lives from conditions caused by childbirth. The mercury in the thermometer . . . shows that the United States stands fourteenth, respecting maternal mortality, in a list of 16 countries. Not only the intelligence and the conscience of our people are challenged by this high rate, but probably it is also sound to say that our national

safety and progress depend on reducing it to the lowest degree. . . .

Our enemies are chiefly ignorance and poverty—from a community point of view perhaps mostly ignorance. "Public health is purchasable," and a community can, to a large extent, determine its own death rate. Individuals should be educated to demand, and communities to supply, as a minimum protection, Public

INFANT MORTALITY THERMOMETER

DEATHS UNDER 1 YEAR OF AGE PER 1,000 BIRTHS.



Within the first year after birth, the United States loses 1 in 10 of all babies born. It ranks eleventh among the principal countries of the world. New Zealand loses fewer babies than any other country.

Rates are for latest available years up to 1916.

CHILDREN'S BUREAU, U. S. DEPARTMENT OF LABOR.

Health Nurses; prenatal centres; clinics, such as dental and venereal clinics; maternity hospitals or wards in general hospitals; training, registration, and supervision of midwives; training, registration and supervision of household attendants; education of the general public in the significance of and necessity for maternal and infant health. . . .

On the thermometer of infant mortality the United States has a better relative position than on the thermometer showing maternal mortality, but, even so, 10 countries have a better rate than ours. . . . If the thermometer were to be made over on the latest available figures, the relative position of certain of these countries would be changed, and the United States would rank eighth instead of eleventh. New Zealand continues to rank first with a rate of 48, Australia comes next with 56, then Norway with 68, Sweden with 70, Switzerland with 78, the Netherlands with 85, Ireland with 88, the United States with 94, Denmark with 95, England and Wales with 96, Scotland with 107; the other countries remain practically as they are on the thermometer. . . . The classic example of how a young and vigorous country can reduce its infant death rate is New Zealand. With practically the same problems as large sections of the United States it has an infant death rate of 48, or about one-half that of the United States.

The United States could reduce its too high rate by establishing certain minimum standards, such as prompt and accurate birth registration; children's health centres, including nutrition clinics; provision for Public Health Nurses; special clinics; children's hospitals or beds in general hospitals; State registration and supervision of all child-caring insti-

tutions; general educational work, including compulsory course in child hygiene in public schools.

The Redemption of the Disabled.

A Study of Programmes of Rehabilitation for the Disabled of War and of Industry. By Garrard Harris, Research Division, Federal Board for Vocational Education. With an introductory chapter by Frank Billings, Colonel, Medical Corps, United States Army; Chief of the Division of Physical Reconstruction, Office of the Surgeon-General. And a foreword by Charles A. Prosser, Director of the Federal Board for Vocational Education. Illustrated. D. Appleton and Company, New York-London, 1919. Price \$2.00 net.

This is a book of 318 pages and forms one of the series *Problems of War and Reconstruction*, of which a number have already appeared. In the preface it is stated: "Much has been written on various aspects and developments of vocational rehabilitation for disabled soldiers. In the main it has either dealt with technical features of no particular interest to the average reader, or else the superficial features of occupational therapy have engaged the attention of magazine expositors. At best it has been fragmentary and widely scattered as regards the whole subject, nor has there been anywhere a comprehensive chronicle of the rise and development of this movement

*"Save the Youngest," Children's Year Follow-Up Series No. 2, Bureau Publication No. 61. Children's Bureau, U. S. Department of Labor, Washington, D. C.

in the United States to its present status." Dr. Prosser says: "A large part of this book is devoted to a most excellent exposition of the law and plans and policies of the Board in the administration of the Vocational Rehabilitation Act which became a law on June 27, 1918." These sufficiently explain the purpose of the book. To those who have followed the development of reconstruction work abroad and in this country through the publications of the Red Cross Institute and others, there is much material that is familiar, but it is undoubtedly a convenience to have such arranged in the present form; and especially, when it has been so well done.

Physical Reconstruction; Redemption of the Disabled a Social Obligation; Human Wastage under the Pension System; The Nation's Duty toward the Individual; What the Belligerent Nations have Undertaken, The Problem of Re-education, Belgium—the Pioneer in Restoration Work; Systematic Development in France; Evolution of the British System; Restoration Work in the Central Empires; the Practical Canadian System; are titles of the earlier chapters. The last half of the book is devoted to chapters upon reconstruction work in this country. It is noteworthy that the author gives no credit to individuals or agencies who early manifested an interest in the subject, beyond saying, "It was given some attention in the United States

by philanthropists and students of vocational education." He then continues, "The country was most fortunate in having ready at hand an agency fully qualified to take up the work of retraining our injured men. The experimentation, the groping, the working out of training courses at the expense of beginners, was not necessary in the United States as it was in the European countries. Already specializing in this work of vocational education training, already in touch with the available agencies in the country, with the experience of the Europeans already studied and assimilated, the Federal Board for Vocational Education was ready at hand to take up the work of teaching the war disabled new occupations." No mention is made of the several bills which were introduced in Congress creating special boards, nor of the commissions to advise on the subject of physical reconstruction. It would seem unjust that no mention was made of the Red Cross Institute and its President, Mr. Douglas McMurtrie, to whom a vast deal of credit must be given for preparedness and research, and to whom the Federal Board itself has made acknowledgment.

Mr. Harris has a pleasant style and, as has already been said, has arranged considerable scattered information in a convenient form.

—W. R. D.

The Story of English Public Health. Sir Malcolm Morris, K. C. V. O. Cassell and Company. 1919.

According to the preface, this is the introductory volume of an English series which will discuss public health problems of present day interest. It provides the historical background from which, through the slow groping processes of the 18th and 19th centuries towards a better understanding of the problems of health and disease, we arrive at the full-fledged project—as yet untried—of the New Ministry of Health.

It will be encouraging or discouraging, according to one's point of view—but interesting from any—to study the evolution of the practical and scientifically developing measures we are today so familiar with in the light of the dawning of "the new moral enthusiasm" of the early 19th century, shown in John Howard's prison reform and in early humanitarian legislation. That conditions of the early 19th century were regarded with the calmness of indifference by the majority would be almost incredible to our easy acceptance of present enlightened sanitary regulations if we were not ourselves too often confronted by the same attitude, despite new knowledge, a new science and vigorous educational campaigns. One of the English illustrated papers of a month or two ago graphically depicted living

conditions in London which would vie with any of the horrors of earlier days, and our own Public Health Nurses could, in some of our larger cities provide equally distressing information.

The book carries us on with admirable lucidity from early Health Charters and through the various processes of local governing boards to special developments—factory legislation, school medical service, health insurance, the crusade against venereal diseases. A chapter on Bacteriology and Infection, leads to the code of the sanitarian that cleanliness is the first and greatest of the commandments, the prevention of the occurrence of disease by furnishing man with a favorable environment.

The final chapter deals with the powers and scope of the Ministry of Health, which, constituting one central health authority, will, it is hoped, coördinate all efforts for health advancement and replace the wasteful multiplicity of the past.

It is somewhat surprising to learn that even in this comprehensive measure certain branches are for the present left out. Public health relating to labor in factories, workshops, mines and shops still remains under the control of the Home Office. However, the Act has wide powers for transference in the future of additional health responsibilities. The Ministry is also wisely empowered to rid it-

self of functions which might embarrass its main object.

The hundred and fifty-four pages of this story of English Public Health make excellent and rewarding reading.

A. M. C.

The Iowa Tuberculosis Association recently published a pamphlet entitled "Teaching Health through Stories, Games and Outlines." The suggestions are arranged broadly by grades, and include the following subjects: Teaching Health; Tooth Brush Drill; The Stories the Christmas Seals Heard; Jingles; The Teeth; etc. A list of references is also included.

The U. S. Children's Bureau has published in bulletin form (Conference Series No. 2, Bureau Publication No. 62) the Minimum Standards for Child Welfare adopted by the Washington and Regional Conferences on Child Welfare, 1919. Under the title of Standards of Child Welfare (Conference Series No. 1, Bureau Publication No. 60), the Bureau has also published a full Report of the Conferences, including the addresses given by the various specialists drawn together for the conferences, both from this country and from abroad.

Amongst the recent reprints of the U. S. Public Health Service are the following:

Some Observations on Mental Defectiveness and Mental Retardation Among Children. Walter L. Treadway. (Reprint No. 514.)

School Medical Inspection. Taliaferro Clark. (Reprint No. 554.)

The Malaria Problem of the South. H. R. Carter. (Reprint No. 552.)

Public Health Service Program for Nation-Wide Control of Venereal Diseases. C. C. Pierce. (Reprint No. 524.)

Constitutional Foundations of Federal Public Health Functions. Frank J. Goodnow, LL. D. (Reprint No. 559.)

The Philippine Health Service Sanitary Almanac for 1919 and Calendars for 1920 and 1921, is an illustrated bulletin, published in popular form, and contains such helpful material as "Some Common Diseases and Their Remedies"; description and diagrams of a sanitary toilet system; "Some Communicable Diseases and How to Prevent Them; Simple Rules of Hygiene; Feeding and Food for Infants; Ventilation; Rules for Tubercular Patients; and other similarly useful information.

Note: Publications of the U. S. Public Health Service may be obtained from the Surgeon General, U. S. Public Health Service, Washington, D. C.

Publications of the Children's Bureau may be obtained from The Children's Bureau, U. S. Department of Labor, Washington, D. C.